

FROM JANUARY 29, 1900  
TO JUNE 11, 1910

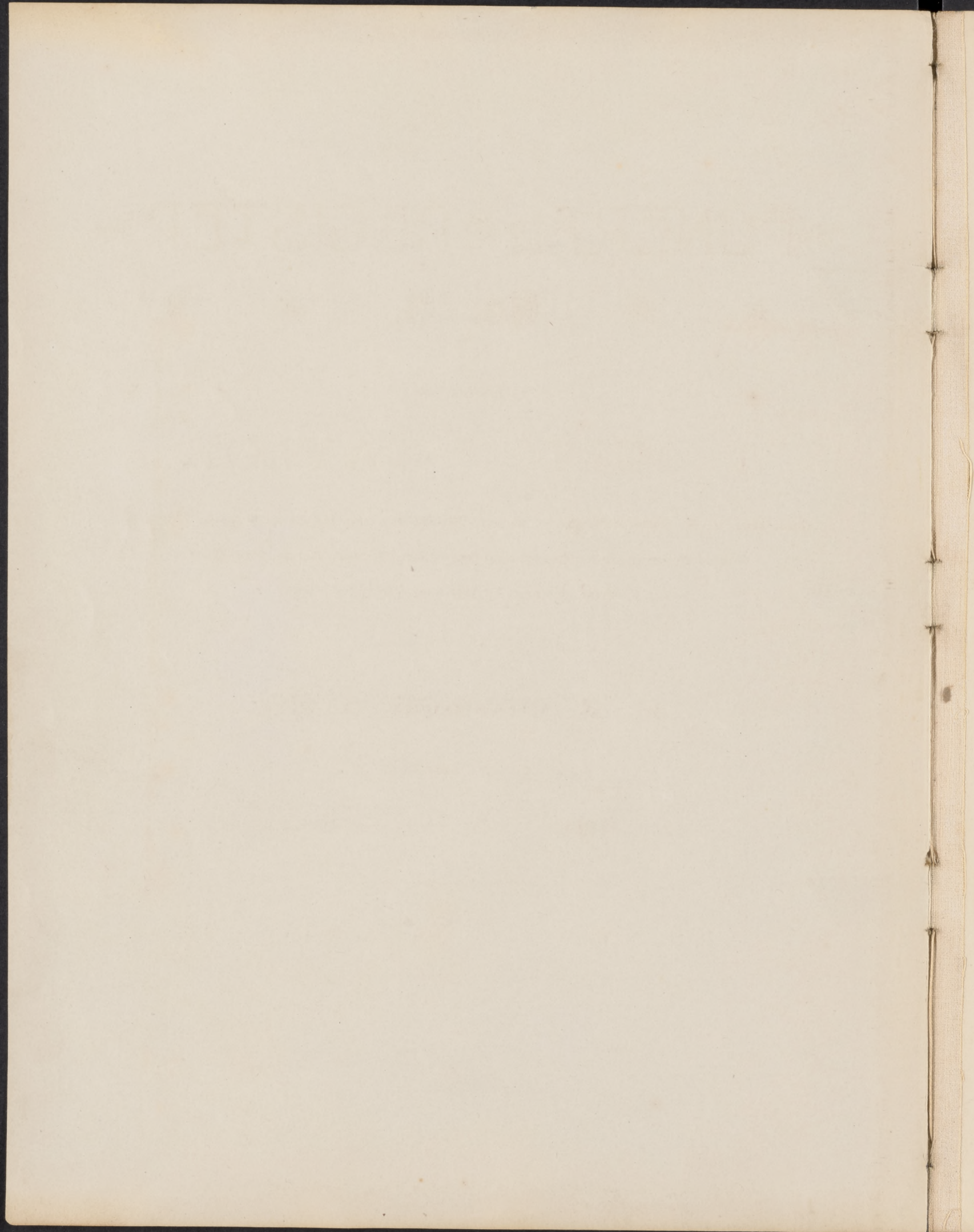


H. F. Bates,  
Sonoma, Calif.  
Sonoma, Calif.











F. RUSSELL TAYLOR'S

# ❧ FUNERAL ❧ REGISTER ❧



**No. 3,**



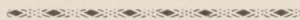
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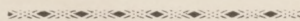


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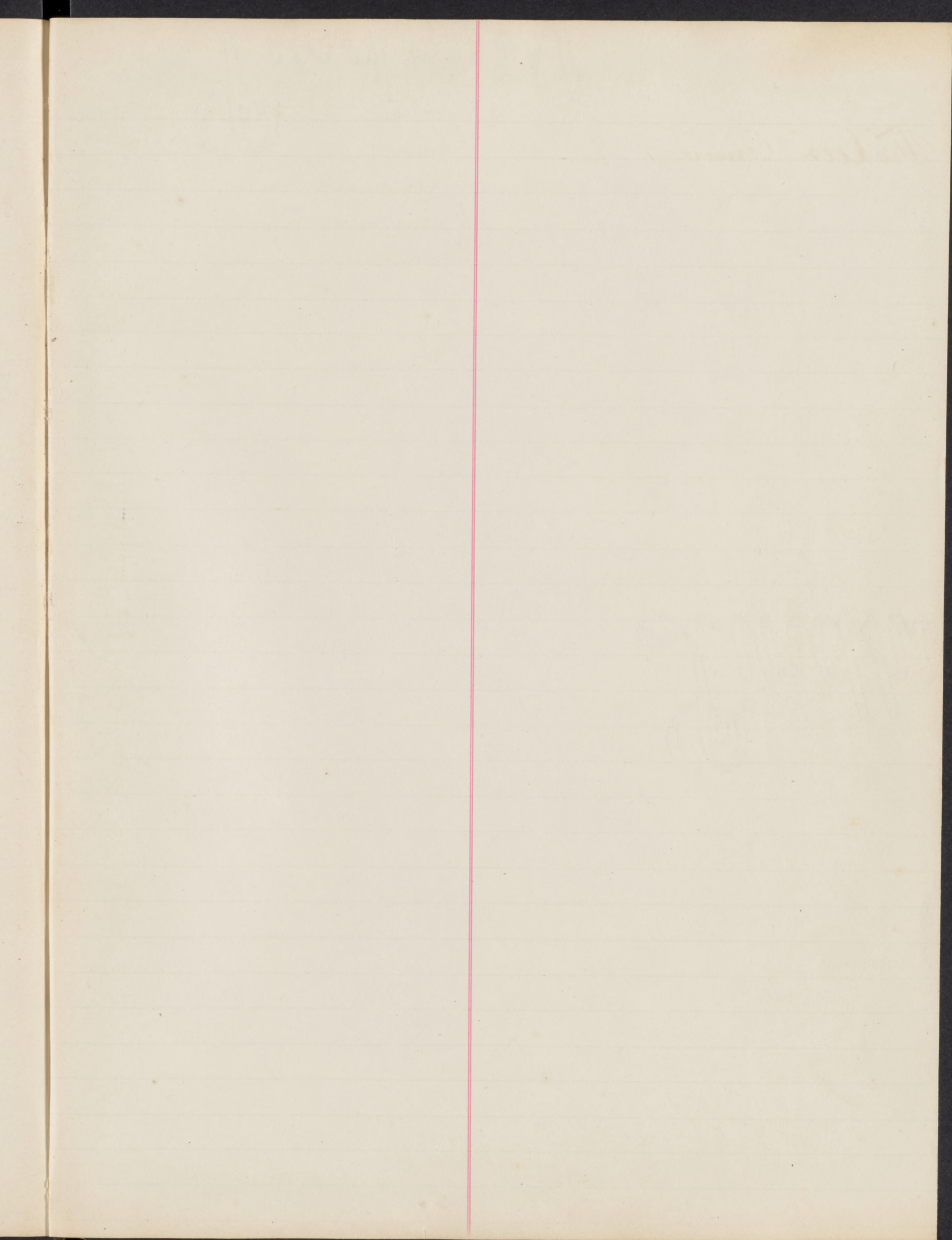
REGISTERED

No. 3

TAYLOR

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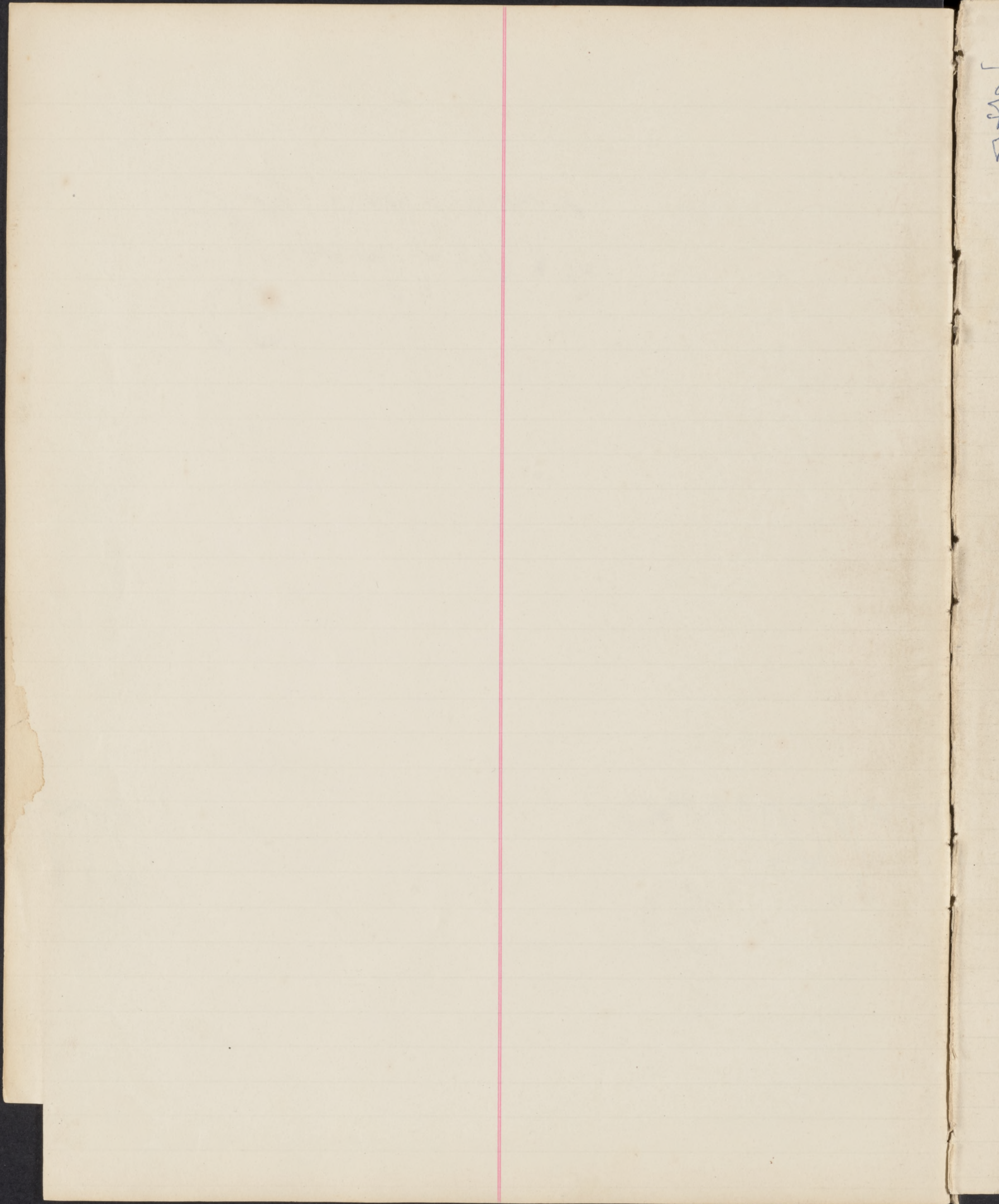
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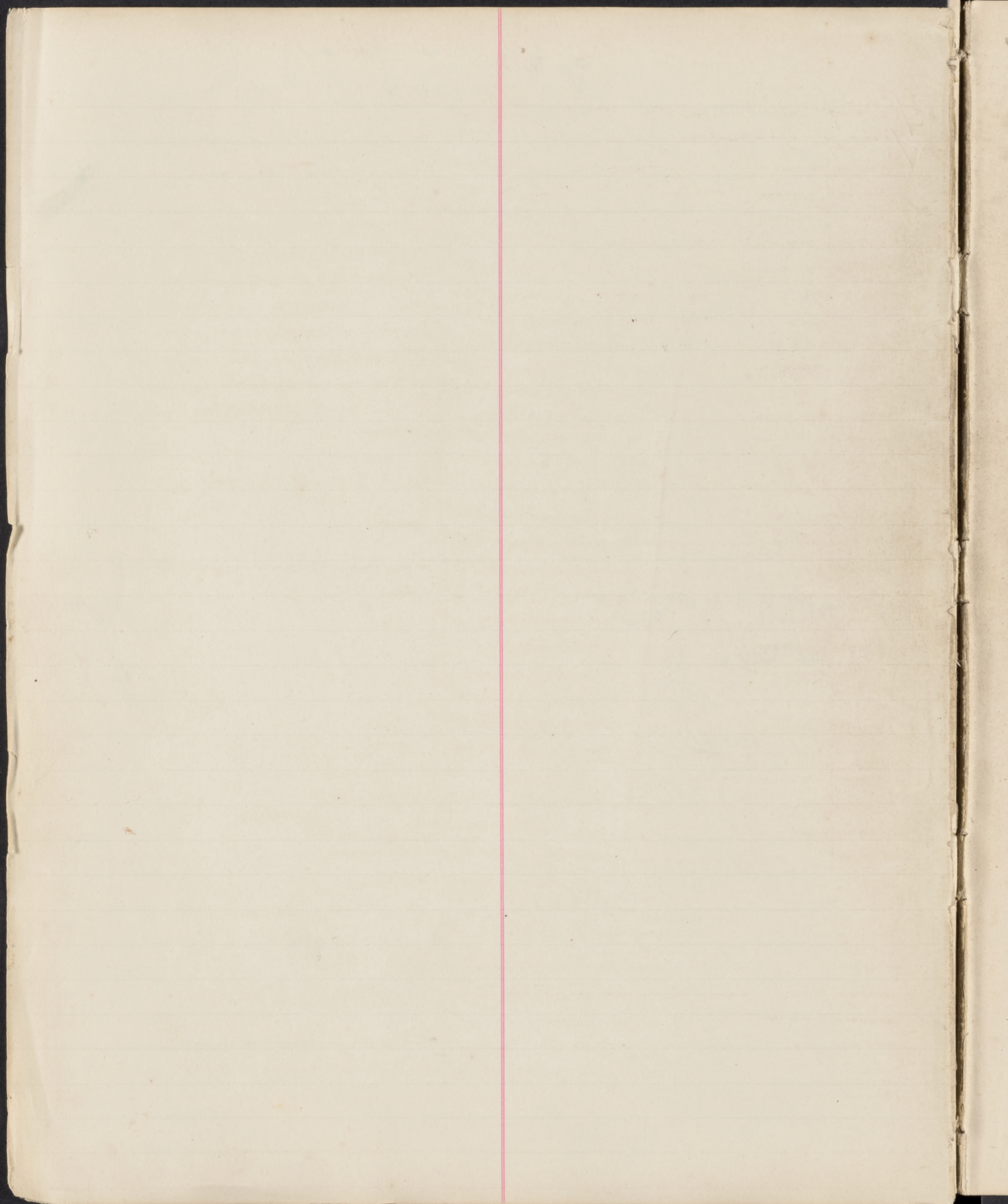
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Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_

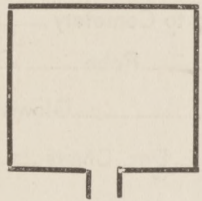
Church.

Place of Burial \_\_\_\_\_

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

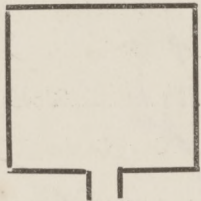
Paid \_\_\_\_\_



Number of Funeral 2Number for the Current Year 1900

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd David BallawayLate Residence Wood Island SacramentoAge 74 years 10 months  days.Cause of Death Gunshot wound self inflictedCertifying Physician Geo H Martin CoronerDate of Death March 10 1900Date of Burial " 12 "Funeral at House or Mason Hall Church.Place of Burial Mountain Cemetery.Grave or Lot No.  Section No. Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by ☐. }

Inscription {

on Plate. }

Measurement. { Length to Heel  feet  in. }

{ Width at Shoulder  }

Bill Rendered to When Rendered 

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies  Candelabra and  Candles.Washing & Laying out Remains, Shaving Preservation of Remains No.  Casket.  Trimming. No.  HandlesNo.  Plate engravedOutside Box, (Pine, Chestnut, Oak, Cedar)  Pl't  H'dl's  Corners on Box.Delivering to Cemetery No.  Robe  Prs.  Gloves  Linen Scarfs.Use of  Doz. ChairsFlowers Hearse  Carriages to Advertising Cemetery charges Transportation Expenses, &c. Attendance & Assistants Amount of Bill Amount Brought Forward Amount Carried Forward 

## PAYMENTS.

April 21 1900 Paid15 00



Number of Funeral.....

Number for the Current Year *2*

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd *Francis Marion Lay*  
 Late Residence *Sonoma Sonoma*  
 Age *68* years *8* months *19* days.

Door Crape.....  
 Draperies.....Candelabra and.....Candles.  
 Washing & Laying out Remains, Shaving.....

## HEALTH DEPARTMENT.

No. ....

Alameda, Cal., *June 15* 188*8*

PERMISSION is hereby given for the REMOVAL of the Remains  
 of *Cornelia Kingstrom* aged *64* years, *2* months, *23* days.

Date of Death, *June 13* 188*8* Cause of Death, *Cerebritis*Place of Death, *1534 McPherson* Place of Birth, *New York*Sex, *Female* Color, *White* Married or Single, *Widow* or *Widower*.Attending Physician or Coroner, *J M Selfridge* M. D.

To

*Sonoma. Cal.**W F Schults* M. D., Health Officer.

This permit must in all cases  
 accompany the Body to its Destination.

## REMOVAL PERMIT.

This Permit must in all cases accompany the body  
 to its destination.

N<sup>o</sup> *181*

## Office Health Department, Bureau of Vital Statistics,

San Francisco, Cal. *Jan 5<sup>th</sup>* 188*7*

Permission is hereby given for the removal of the remains of

*Robt Beck* aged *65* years, — months, — days,Sex, *male* Race, *white* Place of Birth, *Penn*Cause of Death, *Drowning* Place of Death, *Bay of San Francisco*Died *Dec 24<sup>th</sup>* 188*6*, Physician *James Stanton Coroner*To *Sonoma Cal.*

*J. L. Meares, M. D.* Health Officer.  
*Peter Mullen* Secretary Health Department.

## ITEMS OF EXPENSE.

*40 00*



Hearse.

1000

...Carriages to.

ITEMS OF EXPENSE.




Number of Funeral.....

Number for the Current Year *2*

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd *Francis Marion Lay*  
 Late Residence *Sonoma Sonoma*  
 Age *68* years *8* months *19* days.  
 Cause of Death *Carcinoma of the Liver*  
 Certifying Physician *A. D. Rich*  
 Date of Death *March 24 1900*  
 Date of Burial *" 25 "*  
 Funeral at House or *Cemetery* Church.  
 Place of Burial *Mountain* Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |           |           |
|---|-----------|-----------|
| Door Crape.....                                 |           |           |
| Draperies.....Candelabra and.....Candles.       |           |           |
| Washing & Laying out Remains, Shaving.....      |           |           |
| Preservation of Remains.....                    |           |           |
| No. <i>1</i> Casket. _____ Trimming.            | <i>20</i> | <i>00</i> |
| _____   |           |           |
| _____ No. _____ Handles                         |           |           |
| No. _____ Plate engraved                        |           |           |
| Outside Box, (Pine, Chestnut, Oak, Cedar) _____ | <i>5</i>  | <i>00</i> |
| _____ Pl't' _____ H'dl's _____ Corners on Box.  |           |           |
| Delivering to Cemetery.....                     |           |           |
| No. _____ Robe _____                            | <i>5</i>  | <i>00</i> |
| _____ Prs. _____ Gloves _____ Linen Scarfs.     |           |           |
| Use of _____ Doz. Chairs.....                   |           |           |
| Flowers.....                                    |           |           |
| Hearse.....                                     | <i>10</i> | <i>00</i> |
| _____ Carriages to _____                        |           |           |
| _____   |           |           |
| Advertising.....                                |           |           |
| Cemetery charges.....                           |           |           |
| Transportation Expenses, &c. ....               |           |           |
| Attendance & Assistants.....                    | <i>40</i> | <i>00</i> |
| Amount of Bill.....                             |           |           |
| Amount Brought Forward.....                     |           |           |
| Amount Carried Forward.....                     |           |           |

## PAYMENTS.

|                    |              |
|--------------------|--------------|
| <i>1900</i>        |              |
| <i>May 26 Paid</i> | <i>20 00</i> |
| <i>Dec 13</i>      | <i>20 00</i> |
|                    | <i>40 00</i> |



Number of Funeral \_\_\_\_\_

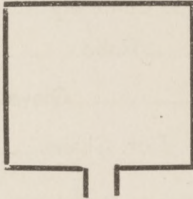
Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 4

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd W. H. StedmanLate Residence SchellvilleAge 33 years 8 months 14 days.Cause of Death Apoplexia cerebriCertifying Physician Carl WalliserDate of Death July 4 1906Date of Burial 6Funeral at House or Church Church.Place of Burial Catholic Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 35 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 50 00

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid  
July 21 1906







Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

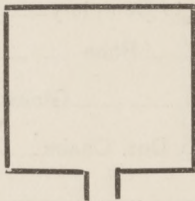
Name of Dec'd Charles B. DodgeLate Residence New HopeAge 66 years 0 months 0 days.Cause of Death ShotCertifying Physician W. D. StannardDate of Death Feb 2 1897

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

\_\_\_\_\_ Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

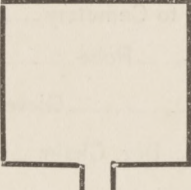
Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Ann CheliniLate Residence SomonaAge 32 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Run over by team of horses & wagonCertifying Physician CoonesDate of Death Aug 29 1900Date of Burial Sept 1 1900Funeral at House or Catholic Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross + }  
 { Show position of monument by □ }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 70 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe 6

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants 9 1 00Amount of Bill Disc

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Sept 10 Paid90 00



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Martha Adler*

Late Residence

*Sonoma*

Age

*60*

years

months

days

Cause of Death

*Chronic Bronchitis*

Certifying Physician

*Carl Wallster*

Date of Death

*Aug 31 1900*

Date of Burial

*Sept 1*

Funeral at House or

*House*

Church

Place of Burial

*Mountain*

Cemetery

Grave or Lot No.

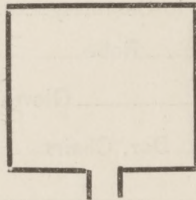
Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel

feet

in. }

{ Width at Shoulder

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket

Trimming

*70 00*

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

*5 00*

Pl't

H'dl's

Corners on Box

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs

Use of Doz. Chairs

Flowers

Hearse

*10 00*

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

*85 00*

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

*Sept 17 1900 Paid**85 --*



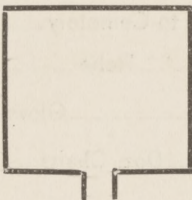
Number of Funeral \_\_\_\_\_

Number for the Current Year 1900

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Amel Fischer  
 Late Residence Doroma  
 Age 5 years \_\_\_\_\_ months \_\_\_\_\_ 15 days.  
 Cause of Death Burns  
 Certifying Physician A B Rick  
 Date of Death Oct 8 1900  
 Date of Burial 10  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

### MEMORANDUM.

### ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 20 00  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00  
 \_\_\_\_\_ Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_ 10 00  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_ 33 00  
 Amount Brought Forward 33 00  
 Amount Carried Forward \_\_\_\_\_

### PAYMENTS.

Paid Oct 19 1900 30 00



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Pierce Powers*

Late Residence

*Wen Ellen*

Age

*76* years *8* months *4* days.

Cause of Death

*Heart Failure*

Certifying Physician

*E. A. Crepin*

Date of Death

*Nov 17 1906*

Date of Burial

*19*

Funeral at House or

*Catholic*

Church.

Place of Burial

*Catholic*

Cemetery.

Grave or Lot No.

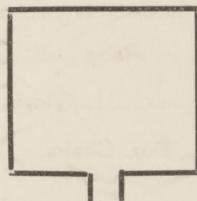
Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket.

Trimming.

*65.00*

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

*5.00*

Pl't

H'dl's

Corners on Box.

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

*10.00*

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

*80.00**Balance*

PAYMENTS.

*1900**Dec 26 Cash**40.00**1901 Aug 4**40.00**80.00*



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

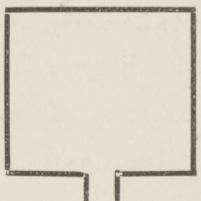
Name of Dec'd Clara L MaywellLate Residence DonomaAge 67 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Bright DiseaseCertifying Physician H H DavisDate of Death 24 Nov 1900

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 85 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants 98 00

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Dec 11 1900  
Paid

98 00



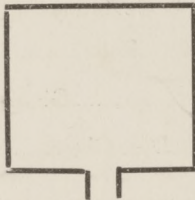
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James Allen Boy  
 Late Residence Bakersfield Kern Co  
 Age 49 years 10 months \_\_\_\_\_ days.  
 Cause of Death Toxemia  
 Certifying Physician C W Kellogg  
 Date of Death January 15 1901  
 Date of Burial 19  
 Funeral at House or Mason Hall Church.  
 Place of Burial Vally Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Jan 13<sup>th</sup> 1902  
Paid by deducting \$3.




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

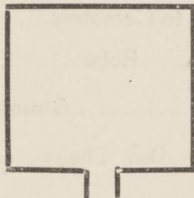
Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Maud M. Gill  
 Late Residence Oakland  
 Age 2 years 2 months \_\_\_\_\_ days.  
 Cause of Death Typhoid  
 Certifying Physician Dr. Rufford  
 Date of Death Jan 23 1901  
 Date of Burial " 25 "  
 Funeral at House or Crematory Church.  
 Place of Burial Catholics Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. Casket.                               |                | Trimming.       |
| No. Handles                               |                |                 |
| No. Plate engraved                        |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of Doz. Chairs                        |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 8.00            |
| Carriages to                              |                |                 |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            |                |                 |
| Amount Brought Forward                    |                |                 |
| Amount Carried Forward                    |                |                 |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ 15 years \_\_\_\_\_ months \_\_\_\_\_ 25 days.

Cause of Death *Tuberculosis*

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_

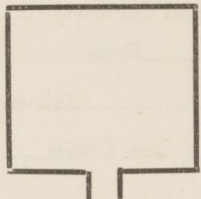
Church.

Place of Burial \_\_\_\_\_

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by ☐. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*Paid*



Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd *Louis Imfeldt*

Late Residence *Sonoma*

Age *59* years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician *Paralytic Hemorrhage*


Date of Death *Feb 1<sup>st</sup> 1901*

Date of Burial *3*

Funeral at House or *Catholic* Church.

Place of Burial *Catholic* Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &c. \_\_\_\_\_

Attendance & Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*1901*  
*Feb 8* Paid *509* *40 00*



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Johann G. Schieck*

Late Residence

*Glen Ellen*Age *78* years *2* months *25* days.

Cause of Death

*Rheumatism of Heart*

Certifying Physician

*E. A. Drepper*

Date of Death

*Feb 19 1901*

Date of Burial

*Feb 21*

Funeral at House or

*Cemetery*

Church.

Place of Burial

*Mountain*

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming.

*40 00*

No. \_\_\_\_\_

Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

*5 00*

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

*45 00*

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*Feb 28 1901*  
*Paid*

*45 00*




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Ellie E. Lydgon  
 Late Residence Sunshine Siskyou Co  
 Age 43 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Bright Disease + Heart failure  
 Certifying Physician E. E. Thompson  
 Date of Death March 6<sup>th</sup> 1901  
 Date of Burial " 8 "  
 Funeral at House or Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>50 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>5 00</u>  |
| Pl't' _____ H'dl's _____                  | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 | <u>10 00</u> |
| Carriages to                              |                 |              |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 |              |
| Amount of Bill                            |                 | <u>65 00</u> |
| Amount Brought Forward                    |                 |              |
| Amount Carried Forward                    |                 |              |

## PAYMENTS.

Paid

65 00



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_


Church.

Place of Burial \_\_\_\_\_

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming.

No. \_\_\_\_\_

Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

May 8 1901  
Paid

30

2

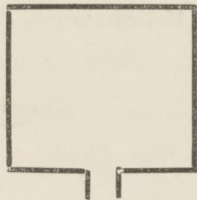


Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Camille Agnillon  
 Late Residence Sorsogna  
 Age 65 years 8 months 8 days.  
 Cause of Death Apoplexia & paralysis  
 Certifying Physician Dr. Carl Walliser  
 Date of Death May 25 1901  
 Date of Burial " 27 "  
 Funeral at House or Catholic Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. }  
 Show position of monument by ☐.

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>80 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>5 00</u>  |
| Pl't' _____ H'dl's _____                  | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 | <u>10 00</u> |
| Carriages to                              |                 |              |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 | <u>95 00</u> |
| Amount of Bill                            |                 |              |
| Amount Brought Forward                    |                 |              |
| Amount Carried Forward                    |                 |              |

## PAYMENTS.

|                     |  |              |
|---------------------|--|--------------|
| <u>June 26 1901</u> |  |              |
| <u>Paid</u>         |  |              |
| <u>Disc</u>         |  |              |
|                     |  | <u>95 00</u> |
|                     |  | <u>5 00</u>  |



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

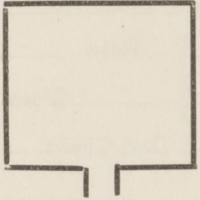
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*Paid*  
*June 1 1901*




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

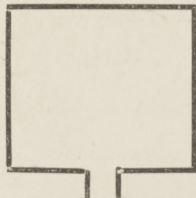
Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Russell Edy Denney  
 Late Residence Died St Luke Hospital  
 Age 88 1/2 years 11 months 23 days.  
 Cause of Death Hypertrophic Prostate  
 Certifying Physician E W Allen  
 Date of Death May 30 1901  
 Date of Burial June 2  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Sonoma Cal Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐



Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                                     |
|---|----------------|-------------------------------------|
| Door Crape                                |                |                                     |
| Draperies                                 | Candelabra and | Candles.                            |
| Washing & Laying out Remains, Shaving     |                |                                     |
| Preservation of Remains                   |                |                                     |
| No. _____ Casket.                         |                | Trimming.                           |
| No. _____ Handles                         |                |                                     |
| No. _____ Plate engraved                  |                |                                     |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                                     |
| _____ Pl't' _____ H'dl's _____            |                | Corners on Box. <u>12</u> <u>00</u> |
| Delivering to Cemetery                    |                |                                     |
| No. _____ Robe                            |                |                                     |
| _____ Prs. _____ Gloves _____             |                | Linen Scarfs.                       |
| Use of _____ Doz. Chairs                  |                |                                     |
| Flowers                                   |                |                                     |
| Hearse                                    |                |                                     |
| _____ Carriages to _____                  |                |                                     |
| Advertising                               |                |                                     |
| Cemetery charges                          |                |                                     |
| Transportation Expenses, &c.              |                |                                     |
| Attendance & Assistants                   |                |                                     |
| Amount of Bill                            |                |                                     |
| Amount Brought Forward                    |                |                                     |
| Amount Carried Forward                    |                |                                     |

## PAYMENTS.

|                   |             |           |           |
|-------------------|-------------|-----------|-----------|
| <u>Feb 3 1902</u> | <u>Paid</u> | <u>12</u> | <u>00</u> |
|-------------------|-------------|-----------|-----------|




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James Burns  
 Late Residence Bonoma  
 Age 71 years 1 months 14 days.  
 Cause of Death Consumption  
 Certifying Physician Dr. Carl Wallgren  
 Date of Death June 10 1901  
 Date of Burial June 12  
 Funeral at House or Cemetery Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

### MEMORANDUM.

### ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>70 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>5 00</u>  |
| Pl't' _____ H'dl's _____                  | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 | <u>5 00</u>  |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 | <u>10 00</u> |
| Carriages to                              |                 |              |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 | <u>90 00</u> |
| Amount of Bill                            |                 |              |
| Amount Brought Forward                    |                 |              |
| Amount Carried Forward                    |                 |              |

### PAYMENTS.

Aug 27 1901  
Paid

90. 00




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Emilie Wanto  
 Late Residence Sonoma  
 Age 5 years 3 months \_\_\_\_\_ days.  
 Cause of Death Encephalitis  
 Certifying Physician Dr. W. S. Crabtree  
 Date of Death June 12 1901  
 Date of Burial 15  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 { Show position of monument by □ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. _____ Casket.                         |                | Trimming.       |
| No. _____ Handles                         |                |                 |
| No. _____ Plate engraved                  |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't' _____ H'dl's _____                  |                | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. _____ Robe                            |                |                 |
| Prs. _____ Gloves _____                   |                | Linen Scarfs.   |
| Use of _____ Doz. Chairs                  |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            |                |                 |
| Amount Brought Forward                    |                |                 |
| Amount Carried Forward                    |                |                 |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_


Church.

Place of Burial \_\_\_\_\_

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Sept 28 1901



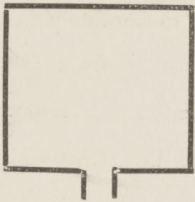
Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd W L Thompson  
 Late Residence \_\_\_\_\_  
 Age 29 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician Charles H Lowell  
 Date of Death Aug 3 1901  
 Date of Burial Aug 5  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by ☐ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving.    |                 |              |
| Preservation of Remains.                  |                 |              |
| No. _____ Casket.                         |                 |              |
|   | Trimming.       | <u>75 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>5 00</u>  |
| Pl't' _____ H'dl's _____                  |                 |              |
|   | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   |                 |              |
|   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 | <u>10 00</u> |
| Carriages to                              |                 |              |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 | <u>90 00</u> |
| Amount of Bill                            |                 |              |
| Amount Brought Forward                    |                 |              |
| Amount Carried Forward                    |                 |              |

## PAYMENTS.

|                        |              |
|------------------------|--------------|
| <u>Aug 6 1901 Paid</u> | <u>90 00</u> |
|------------------------|--------------|




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James C. Flynn  
 Late Residence Bonoma City  
 Age 29 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Consumption  
 Certifying Physician Dr. Rich  
 Date of Death Aug 11 1901  
 Date of Burial " 13 "  
 Funeral at House or Catholic Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid April 10/1905

90 00







35+-




Number of Funeral.....

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year.....

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Raymond Baines  
 Late Residence Sonoma Valley  
 Age 4 years 6 months  days.  
 Cause of Death Diphtheria  
 Certifying Physician Dr. G. D. Rich  
 Date of Death Dec 26/1901  
 Date of Burial " 25, "  
 Funeral at House or House Church.  
 Place of Burial on Ranch Cemetery Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to.....

When Rendered.....

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.....

Draperies.....Candelabra and.....Candles.

Washing &amp; Laying out Remains, Shaving.....

Preservation of Remains.....

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 10

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar) 4

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery.....

No. \_\_\_\_\_ Robe.....

Prs. \_\_\_\_\_ Gloves. \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs.....

Flowers.....

Hearse.....

Carriages to.....

Burial Permit 1

Advertising.....

Cemetery charges.....

Transportation Expenses, &amp;c. ....

Attendance &amp; Assistants.....

Amount of Bill..... 15

Amount Brought Forward.....

Amount Carried Forward.....

## PAYMENTS.

Paid10 00



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_


Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Martin L. CharlesLate Residence County Farm HospitalAge 80 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_Cause of Death Old age & PneumoniaCertifying Physician Dr. M. M. ShearerDate of Death Jan 7<sup>th</sup> 1902.Date of Burial Jan 14<sup>th</sup> "

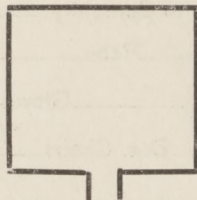
Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }



Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 25

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5-

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery 10

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 50-

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Jan 16<sup>th</sup> 1902.50-



Number of Funeral \_\_\_\_\_

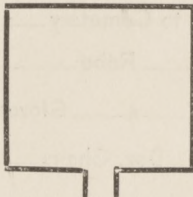
Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd George Craig RevieLate Residence ShrounAge 8 years 9 months 4 days.Cause of Death Typhoid Pneumonia & MeningitisCertifying Physician Dr. A. M. ThomsonDate of Death July 20<sup>th</sup> 1902Date of Burial .. 21 ..Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 25 -

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 -

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 10 -

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 40 -

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Feb 4 1902 Paid25.00



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Henry R. P. Warten*

Late Residence

*Wm. Ellen*

Age

*29*

years

months

days

Cause of Death

*Phylaxis fulminans*

Certifying Physician

*E. A. Krepin*

Date of Death

*February 6, 1902*

Date of Burial

*" 8 "*

Funeral at House or

*House*

Church.

Place of Burial

*Mountain*

Cemetery.

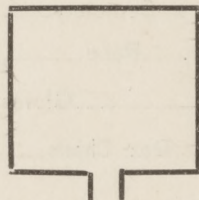
Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. \_\_\_\_\_ Casket.

Trimming.

No. \_\_\_\_\_

Handles

No. \_\_\_\_\_

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't

H'dl's

Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_

Robe

Prs.

Gloves

Linen Scarfs.

Use of

Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

*Feb 22 1902 Paid*



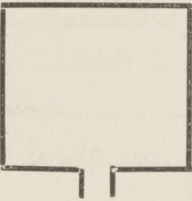
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Annie Walsh  
 Late Residence Carters California  
 Age 41 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Dropsy Heart  
 Certifying Physician Dr. R. H. Olsen  
 Date of Death March 5<sup>th</sup> 1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or Catholic Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd PritchardLate Residence Sonoma Township

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

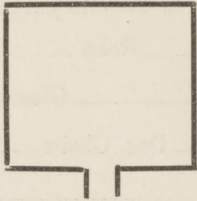
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape. \_\_\_\_\_

Draperies. \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 20 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery 10 00

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants Paid 35 00

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.



Number of Funeral \_\_\_\_\_

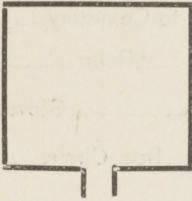
Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Nancy M SkidmoreLate Residence SonomaAge 55 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_Cause of Death Heart FailureCertifying Physician A J ThomsonDate of Death March 23 1902Date of Burial " 25 "Funeral at House or Beddies Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

PaidJuly 111 2650 001025 0085 00



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

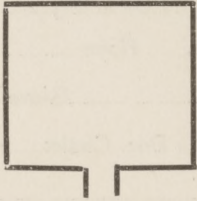
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Basenta VarnarLate Residence El YranoAge 114 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Old ageCertifying Physician none Coronary Cent DeathDate of Death March 24 1902Date of Burial " 26 "

Funeral at House of \_\_\_\_\_ Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid




Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

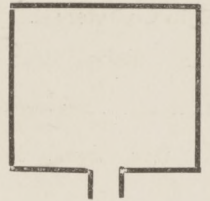
Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd W. Olson  
Late Residence Seneca Township  
Age 28 years \_\_\_\_\_ months \_\_\_\_\_ days  
Cause of Death Pulmonary Tuberculosis  
Certifying Physician Dr. Rich  
Date of Death April 29 1962  
Date of Burial May 1  
Funeral at House or House Church \_\_\_\_\_  
Place of Burial Mountain Cemetery \_\_\_\_\_  
Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross + }  
{ Show position of monument by ☐ }



Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                               |
|---|-------------------------------|
| Door Crape                                |                               |
| Draperies                                 | Candelabra and _____ Candles. |
| Washing & Laying out Remains, Shaving     |                               |
| Preservation of Remains                   |                               |
| No. _____ Casket.                         | Trimming. <u>85.00</u>        |
| No. _____ Handles                         |                               |
| No. _____ Plate engraved                  |                               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                               |
| Pl't _____ H'dl's _____                   | Corners on Box.               |
| Delivering to Cemetery                    |                               |
| No. _____ Robe                            |                               |
| Prs. _____ Gloves _____                   | Linen Scarfs.                 |
| Use of _____ Doz. Chairs                  |                               |
| Flowers                                   | <u>10.00</u>                  |
| Hearse                                    |                               |
| Carriages to _____                        |                               |
| Advertising                               |                               |
| Cemetery charges                          |                               |
| Transportation Expenses, &c.              |                               |
| Attendance & Assistants                   |                               |
| Amount of Bill                            |                               |
| Amount Brought Forward                    |                               |
| Amount Carried Forward                    |                               |

PAYMENTS.

Paid 95.00



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Elizabeth O'Brien*

Late Residence

*Sonoma Sonoma County*

Age

*75*

years

months

days

Cause of Death

*myocardial infarction*

Certifying Physician

*G M Thompson*

Date of Death

*May 10 1962*

Date of Burial

*" 12 "*

Funeral at House or

*Church*

Church

Place of Burial

*Catholic*

Cemetery

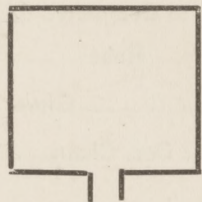
Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket

Trimming

*75 --*

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

*5.00*

Pl't

H'dl's

Corners on Box

Delivering to Cemetery

No.

Robe

*10.00*

Prs.

Gloves

Linen Scarfs

Use of

Doz. Chairs

Flowers

Hearse

*10.00*

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

*\$100.00*

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

*Lees Creek**95.00**Paid**May 24 1961*




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

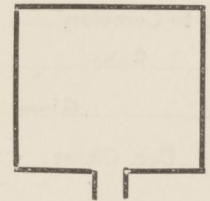
Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd R. A. Harvey  
 Late Residence Fulton Sonoma County Cal  
 Age 75 years 11 months \_\_\_\_\_ days.  
 Cause of Death Consumption  
 Certifying Physician D. M. Rohrs  
 Date of Death April 28 1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or Cemetery Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by ☐ }



Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles.  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Green  
 Late Residence San Francisco Cal  
 Age 73 years 1 months 14 days.  
 Cause of Death Gastritis  
 Certifying Physician H. A. Purice  
 Date of Death May 3 1902  
 Date of Burial \_\_\_\_\_  
 Funeral at House or Catholic Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*Paid*



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd F. BleweLate Residence Sonoma

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

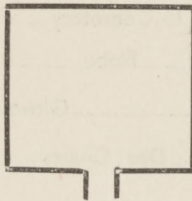
Date of Death May 16 1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave { Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 75 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved 5 00

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_ 10 00

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &c. \_\_\_\_\_ 5 00

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_ 95 00

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

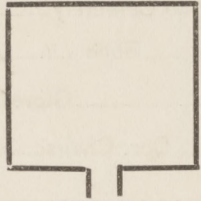
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Fredrick JoyLate Residence SonomaAge 66 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_Cause of Death Pulmonia TuberculosisCertifying Physician A M ThompsonDate of Death June 4 1902Date of Burial " 5 "

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }

{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. \$35.00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid\$35.00



Number of Funeral \_\_\_\_\_

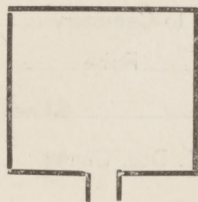
Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd William GlynnLate Residence SonomaAge 32 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_Cause of Death TuberculosisCertifying Physician H. D. RiekDate of Death June 30 1902Date of Burial July 2Funeral at House of Catholic Church.Place of Burial Catholic Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 60  
75.00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10.00Carriages to 90

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Partial Payment75.00



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_


Church.

Place of Burial \_\_\_\_\_

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming.

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Ceme\*ry charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Jan 16/03  
Cash

130




Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Leo Antonio Camenata  
 Late Residence Sonoma  
 Age 23 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Consumption  
 Certifying Physician Carl Walliser  
 Date of Death July 16 1922  
 Date of Burial " 18 "  
 Funeral at House or Catholic Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     |                         |
| Preservation of Remains                   |                         |
| No. Casket.                               | Trimming. <u>65.00</u>  |
| No. Handles                               |                         |
| No. Plate engraved                        | <u>5.00</u>             |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                         |
| Pl't                                      | H'dl's                  |
| Corners on Box.                           |                         |
| Delivering to Cemetery                    |                         |
| No. Robe                                  | <u>5.00</u>             |
| Prs.                                      | Gloves                  |
| Linen Scarfs.                             |                         |
| Use of Doz. Chairs                        |                         |
| Flowers                                   | <u>10.00</u>            |
| Hearse                                    |                         |
| Carriages to                              |                         |
| Advertising                               |                         |
| Cemetery charges                          |                         |
| Transportation Expenses, &c.              |                         |
| Attendance & Assistants                   |                         |
| Amount of Bill                            | <u>85.00</u>            |
| Amount Brought Forward                    |                         |
| Amount Carried Forward                    |                         |

## PAYMENTS.

|             |              |
|-------------|--------------|
| 1902        |              |
| Sept 8 Cash | <u>40.00</u> |
| Nov 10      | <u>10.00</u> |
| 1903        |              |
| Feb 10      | <u>25.00</u> |
|             | <u>10.00</u> |
|             | <u>8.50</u>  |



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Lichman

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

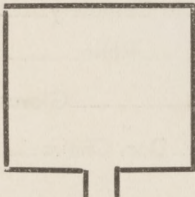
Date of Death July 21 1902

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to A. Grisselmann

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved SmallOutside Box, (Pine, Chestnut, Oak, Cedar) 10-

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 20Amount Brought Forward Small

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral \_\_\_\_\_


Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd W. L. CopelandLate Residence Somerset townshipAge 86 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death ApoplexyCertifying Physician Car WallisierDate of Death July 23 1902Date of Burial " 25 "Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 40.00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5.00

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe 5.00

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10.00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 60.00

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## 1902 PAYMENTS.

Aug Cash15.00Sept 4 Cash20.00Feb 28 78 Blank12.5012.50



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_


Church.

Place of Burial \_\_\_\_\_

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Aug 2 / 1902 Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

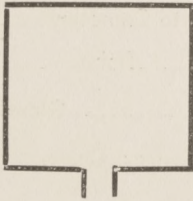
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Jessie E. LorelLate Residence San FranciscoAge 49 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death ConsumptionCertifying Physician D. F. LongDate of Death July 27 1902Date of Burial 30

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5.00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse Attendance 15.00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 20.00Amount Brought Forward 2.00Amount Carried Forward 18.00

## PAYMENTS.

Sept-25/1902 Cash16



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

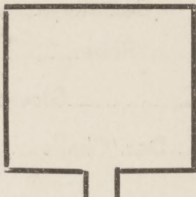
Name of Dec'd Henry J. AlpinLate Residence San DiegoAge 3 years 3 months 15 days.Cause of Death Membranous CoarctationCertifying Physician M. ThompsonDate of Death 11th March 1894

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 18 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved 2 50

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges 5 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 25 50

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid95 59



Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

### Door Crape

Draperies.....Candelabra and.....Candles.

Washing & Laying out Remains, Shaving.

### Preservation of Remains.

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. .... Casket.

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. .... Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' ..... H'dl's ..... Corners on Box.

### Delivering to Cemetery.

No. .... Robe

Prs. .... Gloves ..... Linen Scarfs.

{ Length to Heel ..... feet ..... in. }  
 { Width at Shoulder ..... }

Use of ..... Doz. Chairs

Flowers.

Hearse

.....Carriages to

Advertising.

### Cemetery charges

Transportation Expenses, &amp;c.

### Attendance & Assistants

Amount of Bill.


Amount Brought Forward

Amount Carried Forward

Dec 3rd 92

Discount allowed

cash



2100

|    |    |    |
|----|----|----|
| 2d | 11 | 00 |
|----|----|----|



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*E. B. Clark*

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_


Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

*39 11*

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

*2 hrs. Telephone carriages**2 10**35**13 00*

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

*Permit**1 -*

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

*Profs.**100*

Amount of Bill \_\_\_\_\_

*155**56*

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Anna Olson  
 Late Residence Prunome  
 Age 27 years 10 months 10 days.  
 Cause of Death Phthisis Pulmonum  
 Certifying Physician \_\_\_\_\_  
 Date of Death Dec 6 - 1902  
 Date of Burial 8  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 Width at Shoulder \_\_\_\_\_

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

72 Black 10-  
H7 Bates 10-

## ITEMS OF EXPENSE.

Permit 4.00  
Grave 10  
Driver & assistants 3.50  
Horse 1.50  
\$19.00

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Digging Grave

Advertising \_\_\_\_\_

Cemetery charges Permit

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Dec 18 - 1902  
By Cash 39 -



Number of Funeral

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

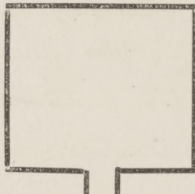
Name of Dec'd *Mrs Kate Burns*Late Residence *Alameda*Age *60* years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death *Jan 1st*Date of Burial *Jan 3rd*Funeral at House or *Church* Church.Place of Burial *Mountain* Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

*Expenses* *15.00*  
*Home* *5.00*  
*Johnson* *3.00*  
*Burial* *4.00*  
*Drum* *1.50*  
*8.00*

*each*

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

*6* Prs. *7* Gloves ~~Linen Scarfs.~~ *1 50*

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ *10*

Carriages to \_\_\_\_\_

*Johnson Express* *50*

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_ *4*

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants \_\_\_\_\_ *3 00*Amount of Bill \_\_\_\_\_ *19 90*Amount Brought Forward \_\_\_\_\_ *15 00*

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*Feb 15 cash**19*




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Mary Cook  
 Late Residence Sumner  
 Age 96 years 3 months 1 days.  
 Cause of Death Injury received from fall  
 Certifying Physician A. M. Thompson  
 Date of Death Jan 20th  
 Date of Burial Jan 22nd  
 Funeral at House or Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }  
 { Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

### MEMORANDUM.

### ITEMS OF EXPENSE.

61.85  
20.40  
27.36  
17.30 cash  
125.91  
1.00  
1.50  
1.50  
3.50  
30.35

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 40  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved. 5  
 Outside Box, (Pine, Chestnut, Oak, Cedar) 5  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_ 10  
 Carriages to \_\_\_\_\_  
Burial Permit 1  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 61  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

### PAYMENTS.

Feb 17 cash 21  
1 20 " 40  
61



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

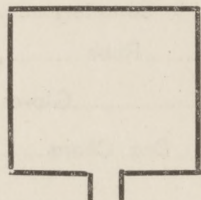
Late Residence \_\_\_\_\_

Age 10 years 2 months 19 days.Cause of Death Intestinal TuberculosisCertifying Physician A. W. ThompsonDate of Death Feb 5th

Date of Burial \_\_\_\_\_

Funeral at House or Church Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 50

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_ 10

Carriages to \_\_\_\_\_

Burial Permit 1

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Alfred Roydon  
 Late Residence San Francisco  
 Age 44 years 6 months 5 days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician Dr. Danner  
 Date of Death Feb 4th 03  
 Date of Burial " 10 03  
 Funeral at House or S.F. Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross + }  
 { Show position of monument by □ }

inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles.  
 No. \_\_\_\_\_ Plate engraved.  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 2 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &c. \_\_\_\_\_

Attendance & Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Feb 20 Check carriage \_\_\_\_\_  
Mar 31 " \_\_\_\_\_



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Walter Riebli*

Late Residence

*Sonoma*Age *1* years *8* months \_\_\_\_\_ days.

Cause of Death

*Acute Bright's Disease*

Certifying Physician

*A M Thomson*

Date of Death

*Feb 26<sup>th</sup>*

Date of Burial

*28 "*

Funeral at House or

*House*

Church.

Place of Burial

*Catharine*

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming.

*15*

No. \_\_\_\_\_

Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

*250*

Pl't' \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

*10*

Carriages to \_\_\_\_\_

*Burial permit**1*

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

*28 50*

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*Truck 12 - Cash**28 50*







Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Est David Rich Jr*

Late Residence

*Lawrence*

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death

*Gastro Enteritis (Inanition)*

Certifying Physician

*G S Rich*

Date of Death

*Nov 9 - 1903*

Date of Burial

*" 10 - 1903*

Funeral at House or

*House*

Church.

Place of Burial

*Mountain*

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate.

Measurement.

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.

Width at Shoulder \_\_\_\_\_

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. *500* Casket.

Trimming.

*30* —

No.

Handles

No. \_\_\_\_\_ Plate engraved

*2 in Blank*

Outside Box, (Pine, Chestnut, Oak, Cedar)

*5* —

Pl't

H'dl's

Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

Prs.

Gloves

Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

*Permit**1* —

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

*5* —

Amount of Bill

*41* —

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

*Nov 12/03 Cash**41* —




Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Maggie Wiseman  
 Late Residence Albion House S.F.  
 Age 63 years 11 months 19 days.  
 Cause of Death Cerebral Hemorrhage  
 Certifying Physician W. E. Coulter  
 Date of Death March 15 1903  
 Date of Burial " 18 1903  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

March 15 1903 12.50  
March 18 1903 4.50  
March 20 1903 5.00  
March 22 1903 5.00  
March 24 1903 5.00  
March 26 1903 5.00  
March 28 1903 5.00  
March 30 1903 5.00  
March 31 1903 5.00

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 No. \_\_\_\_\_ Handles.  
 No. \_\_\_\_\_ Plate engraved.  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Permit  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants 2 50  
 Amount of Bill 13 50  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Cash 13 50



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

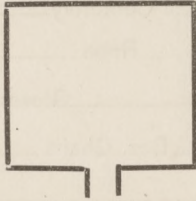
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Frank R. AquistopoliLate Residence Fairview, Jamaica, Cal.Age \_\_\_\_\_ years 3 months 1 days.Cause of Death Marasmus InfantumCertifying Physician A. M. ThompsonDate of Death March 23 1913Date of Burial " 24 "

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Catholics Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines |' | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 10

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 2 50

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 12 50

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

March 26 Cash12 50



|                            |         |
|----------------------------|---------|
| April 6 <sup>th</sup> cash | \$10.25 |
|----------------------------|---------|











Number of Funeral 2

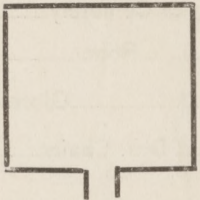
Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John R. CooperLate Residence SonomaAge 55 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Strangulation, self-inflictedCertifying Physician Dr. F. B. BlackDate of Death February 9th 1905Date of Burial " 12 1905Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Burial Permit

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

No charge for House  
Paid in full10 0010 0075 005 0010 001 005 00106 0062 50168 50

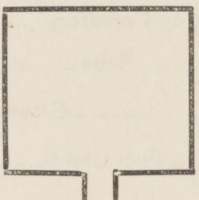


Number of Funeral 3  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd A. S. Lord  
 Late Residence Elk River, Sonoma Co  
 Age 82 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Heart disease  
 Certifying Physician G. J. Shuman  
 Date of Death March 10 - 1905  
 Date of Burial " 12 "  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

### MEMORANDUM.

### ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     | 5 00                    |
| Preservation of Remains                   |                         |
| No. Casket.                               | Trimming.               |
|   | 50 00                   |
| No. Handles                               |                         |
| No. Plate engraved                        |                         |
| Outside Box, (Pine, Chestnut, Oak, Cedar) | 5 00                    |
| Pl't                                      | H'dl's                  |
|   | Corners on Box.         |
| Delivering to Cemetery                    |                         |
| No. Robe                                  |                         |
| Prs.                                      | Gloves                  |
|   | Linen Scarfs.           |
| Use of                                    | Doz. Chairs             |
| Flowers                                   |                         |
| Hearse                                    | 10 00                   |
| Carriages to                              |                         |
| <u>Rural Cem. A.</u>                      | 6 00                    |
| <u>S. Grove</u>                           | 10 00                   |
| Advertising                               |                         |
| Cemetery charges                          |                         |
| Transportation Expenses, &c.              |                         |
| Attendance & Assistants                   | \$ 2 50                 |
| Amount of Bill                            | \$ 78 50                |
| Amount Brought Forward                    | 168 50                  |
| Amount Carried Forward                    | 247 00                  |

### PAYMENTS.

|                 |          |
|-----------------|----------|
| Repair on pants | 45       |
| Longcher        | 35       |
| shirt           | 20 00    |
| May 1st cash    | 20       |
| Repair on coat  | 1        |
| cash            | 36 40    |
|                 | \$ 78 50 |



Number of Funeral 4

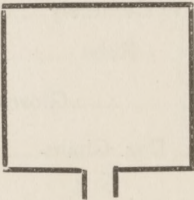
Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Josephine SchachliLate Residence Lake Lake Lake Co.Age 36 years 3 months — days.Cause of Death Pulmonary TuberculosisCertifying Physician W. M. Thomson, M.D.Date of Death March 12 — 1905Date of Burial " 14 — 1905Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid in full



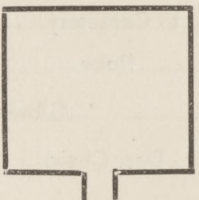
Number of Funeral 5

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Hubert A. Fowler  
 Late Residence Sonoma Cal  
 Age 19 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Pistol shot wound self inflicted  
 Certifying Physician J. B. Small acting Coroner  
 Date of Death March 15<sup>th</sup> 1905  
 Date of Burial " 18 1905  
 Funeral at House or City Hotel Church \_\_\_\_\_  
 Place of Burial Mountain Cemetery \_\_\_\_\_  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +  
 Show position of monument by □ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Paid J. B. Small for permit 1.00  
 " L. Brutenbach " grave 10.00

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                | 5 00            |
| Preservation of Remains                   |                |                 |
| No. Casket.                               | Trimming.      | 30 00           |
| No. Handles                               |                |                 |
| No. Plate engraved                        |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                | 5 00            |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                | 5 00            |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz. Chairs    |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 10 00           |
| Carriages to                              |                |                 |
| Advertising                               |                |                 |
| Cemetery charges                          | + Grave        | 11 00           |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            |                | \$ 66 00        |
| Amount Brought Forward                    |                | 305 50          |
| Amount Carried Forward                    |                | 371 50          |

## PAYMENTS.

|                                    |          |
|------------------------------------|----------|
| March 18 By cash                   | \$ 15 00 |
| May 10 " "                         | 5 00     |
| July 22 " "                        | 5 00     |
| By 2 days labor                    | 4 00     |
| cash                               | 50       |
| 1/2 day labor                      | 1 00     |
| 1 day labor                        | 1 00     |
| Jan 24 cash                        | 5 00     |
| Nov 6                              | 10 00    |
| 1906 Oct 14 to 22 - 3 1/2 days 250 | 8.75     |



Number of Funeral 6

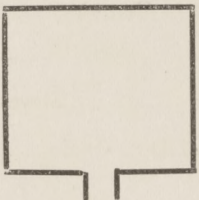
Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd William Wayne DexterLate Residence San FranciscoAge 3 years 11 months 18 days.Cause of Death Lymphatic LeucemiaCertifying Physician C. A. DwyerDate of Death April 19 - 1905Date of Burial April 21 1905Funeral at House of W. B. H. House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to GMJohnson

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid

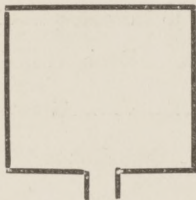


Number of Funeral 7  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John Craig Rorie  
 Late Residence Elverand Cal  
 Age 41 years 8 months 21 days.  
 Cause of Death Spinal Paralysis  
 Certifying Physician A. E. Bynum  
 Date of Death April 12 - 1905  
 Date of Burial 22 1905  
 Funeral at House or Chemo House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by □.

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving.    |                 |          |
| Preservation of Remains                   |                 |          |
| No. _____ Casket.                         | Trimming.       | 65 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. | 5 00     |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 | 5 00     |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 85 00    |
| Amount Brought Forward                    |                 | 396 00   |
| Amount Carried Forward                    |                 | 481 00   |

## PAYMENTS.

Paid in full



Number of Funeral 8

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Mrs Ellen Glynn

Late Residence

San FranciscoAge 71 years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death

Cardiac Degeneration

Certifying Physician

Dr B. Buckley

Date of Death

May 7 - 1905

Date of Burial

May 9<sup>th</sup> 1905

Funeral at House or

Calhoun Church

Church.

Place of Burial

Laurel

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid in full



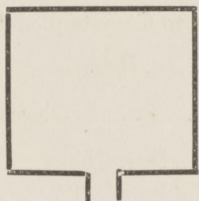
Number of Funeral 9

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Wm E Bainer  
 Late Residence San Francisco  
 Age 43 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Rupture of the Heart  
 Certifying Physician W F Sampson  
 Date of Death May 18 - 1905  
 Date of Burial May 21 1905  
 Funeral at House or Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                           |
|---|----------------|---------------------------|
| Door Crape                                |                |                           |
| Draperies                                 | Candelabra and | Candles.                  |
| Washing & Laying out Remains, Shaving     |                |                           |
| Preservation of Remains                   |                |                           |
| No. _____ Casket.                         |                | Trimming.                 |
| No. _____ Handles                         |                |                           |
| No. _____ Plate engraved                  |                |                           |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                           |
| Pl't' _____ H'dl's _____                  |                | Corners on Box.           |
| Delivering to Cemetery                    |                |                           |
| No. _____ Robe                            |                |                           |
| <u>6</u> Prs. <u>Black</u> Gloves         |                | Linen Scarfs. <u>1 00</u> |
| Use of _____ Doz. Chairs                  |                |                           |
| Flowers                                   |                |                           |
| Hearse <u>Twice</u>                       |                | <u>20 00</u>              |
| Carriages to _____                        |                |                           |
| Extra Expense                             |                | <u>5 00</u>               |
| opening of grave                          |                | <u>10 00</u>              |
| Advertising                               |                | <u>1 00</u>               |
| Cemetery charges                          |                | <u>4 00</u>               |
| Transportation Expenses, &c.              |                |                           |
| Attendance & Assistants                   |                | <u>10 00</u>              |
| Amount of Bill                            |                | <u>50 00</u>              |
| Amount Brought Forward                    |                | <u>495 00</u>             |
| Amount Carried Forward                    |                | <u>545 00</u>             |

## PAYMENTS.

Paid




Number of Funeral 10

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd E. Maffai  
 Late Residence San Francisco  
 Age 2 years 5 months  days.  
 Cause of Death Lepto Meningitis  
 Certifying Physician Wm Thompson  
 Date of Death May 21 - 1905  
 Date of Burial " 22 1905  
 Funeral at House or Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 15 —

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 2 50

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Permit.1 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 18 50Amount Brought Forward 545 00Amount Carried Forward 563 50

## PAYMENTS.

Paid

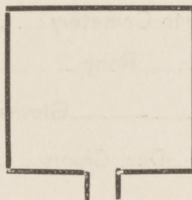


Number of Funeral 11  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Kate Nicholson  
 Late Residence Fullville  
 Age 55 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Valvular Heart Disease  
 Certifying Physician W. M. Thompson  
 Date of Death May 20 - 1905  
 Date of Burial " 22 "  
 Funeral at House or Cemetery Church \_\_\_\_\_  
 Place of Burial Valley Cemetery \_\_\_\_\_  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |               |
|---|-----------------|---------------|
| Door Crape                                |                 |               |
| Draperies                                 | Candelabra and  | Candles.      |
| Washing & Laying out Remains, Shaving     |                 |               |
| Preservation of Remains                   |                 |               |
| No. <u>1</u> Casket.                      | Trimming.       | <u>25 00</u>  |
| No. _____ Handles                         |                 |               |
| No. _____ Plate engraved                  |                 |               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>5 00</u>   |
| Pl't' _____ H'dl's _____                  | Corners on Box. |               |
| Delivering to Cemetery                    |                 |               |
| No. _____ Robe                            |                 |               |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |               |
| Use of _____ Doz. Chairs                  |                 |               |
| Flowers                                   |                 |               |
| Hearse                                    |                 |               |
| Carriages to                              |                 |               |
| <u>Johnson</u>                            |                 | <u>2 50</u>   |
| <u>Urn</u>                                |                 | <u>1 00</u>   |
| <u>Opening of grave</u>                   |                 | <u>6</u>      |
| Advertising                               |                 |               |
| Cemetery charges                          |                 |               |
| Transportation Expenses, &c.              |                 |               |
| Attendance & Assistants                   |                 |               |
| Amount of Bill                            |                 | <u>39 50</u>  |
| Amount Brought Forward                    |                 | <u>56 350</u> |
| Amount Carried Forward                    |                 | <u>603 00</u> |

## PAYMENTS.

|                     |              |
|---------------------|--------------|
| <u>By cash</u>      | <u>13 50</u> |
| <u>Paid in full</u> |              |



Number of Funeral 12

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

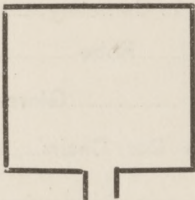
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James O. ConnorLate Residence A. F.Age 28 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Sewer Gas PoisoningCertifying Physician W. H. ThompsonDate of Death June 1 - 1905Date of Burial " 3 1905

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Shift to A. F. Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Removal PermitDelivering to train

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



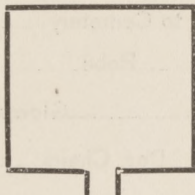
Number of Funeral 13

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 1111

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Jessie M Dexter  
 Late Residence Sonoma  
 Age 28 years 2 months 13 days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician Dr. J. H. Thomson  
 Date of Death June 6<sup>th</sup>  
 Date of Burial June 7<sup>th</sup>  
 Funeral at House or Miss Champs House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     |                         |
| Preservation of Remains                   |                         |
| No. Casket.                               | Trimming. <u>65 00</u>  |
| No. Handles                               |                         |
| No. Plate engraved                        |                         |
| Outside Box, (Pine, Chestnut, Oak, Cedar) | <u>5 00</u>             |
| Pl't H'dl's                               | Corners on Box.         |
| Delivering to Cemetery                    |                         |
| No. Robe                                  |                         |
| Prs. Gloves                               | Linen Scarfs.           |
| Use of Doz. Chairs                        |                         |
| Flowers                                   |                         |
| Hearse                                    | <u>10 —</u>             |
| Carriages to                              |                         |
| <u>Permit</u>                             | <u>4 00</u>             |
| <u>Grave</u>                              | <u>10 00</u>            |
| Advertising                               |                         |
| Cemetery charges                          |                         |
| Transportation Expenses, &c.              |                         |
| Attendance & Assistants                   |                         |
| Amount of Bill                            | <u>94 00</u>            |
| Amount Brought Forward                    | <u>699 00</u>           |
| Amount Carried Forward                    | <u>793 00</u>           |

## PAYMENTS.

|                        |              |
|------------------------|--------------|
| <u>June 17 By Cash</u> | <u>50 00</u> |
| <u>Aug 20 " "</u>      | <u>44 00</u> |
|                        | <u>94 00</u> |



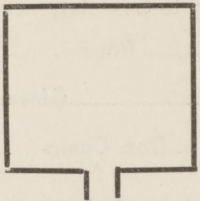
Number of Funeral 14

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Baby O. Rourke  
 Late Residence Glen Ellen  
 Age 7 Weeks months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Bronchitis  
 Certifying Physician Edward Gray  
 Date of Death June 13 - 1905  
 Date of Burial " 14 "  
 Funeral at House or cemetery Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 35 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 35 00Amount Brought Forward 7 93 00Amount Carried Forward 8 78 00

## PAYMENTS.

Paid35 00



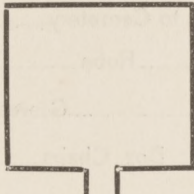
Number of Funeral 15

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John, Luoli  
 Late Residence County 7 arm  
 Age 80 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Wrecking Booming  
 Certifying Physician S. S. Boyd  
 Date of Death June 17 1905  
 Date of Burial " 18 1905  
 Funeral at House of Mrs. Lamaille He Church.  
 Place of Burial Catohe Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>25 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |              |
| Pl't' _____ H'dl's _____                  | Corners on Box. | <u>5 00</u>  |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 | <u>10 00</u> |
| Carriages to                              |                 |              |
| <u>Prof. Semmes</u>                       |                 | <u>10 00</u> |
| <u>Exp. Fare</u>                          |                 | <u>5 00</u>  |
| <u>Permit</u>                             |                 | <u>1 00</u>  |
| <u>Johnson</u>                            |                 | <u>2 50</u>  |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 |              |
| Amount of Bill                            |                 | <u>68 50</u> |
| Amount Brought Forward                    |                 | <u>82 80</u> |
| Amount Carried Forward                    |                 | <u>89 65</u> |

## PAYMENTS.

Said




Number of Funeral 16

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs L Modini  
 Late Residence Sonoma  
 Age 54 years 10 months 18 days.  
 Cause of Death Consumption  
 Certifying Physician A E Byron  
 Date of Death June 18 - 1905  
 Date of Burial June 19 1905  
 Funeral at House of Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 —     |
| No. Casket.                               | Trimming.       | 65 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 | 10 00    |
| Prs. Gloves                               | Linen Scarfs.   |          |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 100 —    |
| Amount Brought Forward                    |                 | 896 50   |
| Amount Carried Forward                    |                 | 996 50   |

## PAYMENTS.

Paid



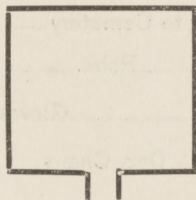
Number of Funeral 17

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 1905

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Kline  
 Late Residence San Francisco  
 Age 35 years, 3 months, 7 days.  
 Cause of Death Chronic Nephritis  
 Certifying Physician L. W. Leup  
 Date of Death June 18 - 1905  
 Date of Burial June 21 - "  
 Funeral at House of Church Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. _____ Casket.                         |                | Trimming.       |
| No. _____ Handles                         |                |                 |
| No. _____ Plate engraved                  |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't' _____ H'dl's _____                  |                | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. _____ Robe                            |                |                 |
| Prs. _____ Gloves _____                   |                | Linen Scarfs.   |
| Use of _____ Doz. Chairs                  |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 10 00           |
| Carriages to                              |                |                 |
| Expenses                                  |                | 50              |
| B. Permit                                 |                | 1 00            |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | 2 50            |
| Amount of Bill                            |                | 14 00           |
| Amount Brought Forward                    |                | 996 50          |
| Amount Carried Forward                    |                | 101 0 50        |

## PAYMENTS.

Paid



Number of Funeral 18

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

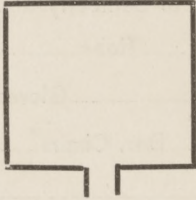
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd E. S. BrownLate Residence Aqua Caliente Spring, IowaAge 46 years — months — days.Cause of Death Valvular disease of heartCertifying Physician A. M. ThomsonDate of Death July 3<sup>rd</sup>Date of Burial Removed to Dellmas

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paied








Number of Funeral 21

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Ellen Neil  
 Late Residence Donoma  
 Age 73 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Cancer of stomach  
 Certifying Physician St Lukes Hospital  
 Date of Death Aug 21 - 1915  
 Date of Burial Holy Cross Cemetery  
 Funeral at House or Church Church.  
 Place of Burial Holy Cross Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     | 10              | —        |
| Preservation of Remains                   |                 |          |
| No. Casket.                               | Trimming.       | 85 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 | 10 —     |
| Prs. Gloves                               | Linen Scarfs.   | 1 50     |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 | 12       |
| Hearse                                    |                 | 12       |
| ✓ Carriages to                            |                 | 1 50     |
| Advertising                               |                 | 1 00     |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 133 00   |
| Amount Brought Forward                    |                 | 1224 50  |
| Amount Carried Forward                    |                 | 1357 50  |

## PAYMENTS.

Paid

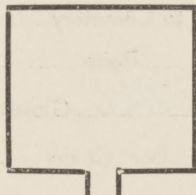


Number of Funeral 21  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Kate Gordon  
 Late Residence P.O.  
 Age 80 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Bright's Disease  
 Certifying Physician Dr. J. J. Scherer  
 Date of Death Aug 30 - 1905  
 Date of Burial \_\_\_\_\_  
 Funeral at House or Church St. Church.  
 Place of Burial Holy Cross Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }  
 Show position of monument by ☐.

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 |          |
| No. _____ Casket.                         | Trimming.       | 100 00   |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 | 5 00     |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't _____ H'dl's _____                   | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 | 10 00    |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| Removal Permit                            |                 | 1 00     |
| Transportation & S.F.                     |                 | 1 80     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 | 6 00     |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 133 00   |
| Amount Brought Forward                    |                 | 1357 50  |
| Amount Carried Forward                    |                 | 1490 50  |

## PAYMENTS.

Paid



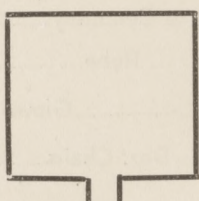
Number of Funeral 22

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Angelo Boes  
 Late Residence Ellen  
 Age 26 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Heart Disease  
 Certifying Physician J. W. Gibson Corner  
 Date of Death Aug 24 - 1905  
 Date of Burial 26  
 Funeral at House or Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered, \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |          |
|---|----------------|----------|
| Door Crape                                |                |          |
| Draperies                                 | Candelabra and | Candles. |
| Washing & Laying out Remains, Shaving     |                |          |
| Preservation of Remains                   |                |          |
| No. _____ Casket.                         |                |          |
| Trimming.                                 |                |          |
| No. _____ Handles                         |                |          |
| No. _____ Plate engraved                  |                |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |          |
| Pl't' _____ H'dl's _____                  |                |          |
| Corners on Box.                           |                |          |
| Delivering to Cemetery                    |                |          |
| No. _____ Robe                            |                |          |
| 6 Prs. <u>Ant</u> Gloves                  |                |          |
| Linen Scarfs.                             |                |          |
| Use of _____ Doz. Chairs                  |                |          |
| Flowers                                   |                |          |
| Hearse                                    |                |          |
| Carriages to                              |                |          |
| <u>opening of grave</u>                   |                |          |
| <u>Cemetery</u>                           |                |          |
| Advertising                               |                |          |
| Cemetery charges                          |                |          |
| Transportation Expenses, &c.              |                |          |
| Attendance & Assistants                   |                |          |
| Amount of Bill                            |                |          |
| Amount Brought Forward                    |                |          |
| Amount Carried Forward                    |                |          |

## PAYMENTS.

Paid



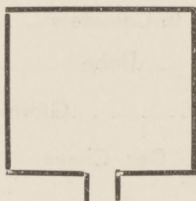
Number of Funeral 23

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Concepcion G. Alm  
 Late Residence Donoma  
 Age 51 years - months - days.  
 Cause of Death Valvular heart trouble  
 Certifying Physician AC Byron  
 Date of Death Sept 6 1915  
 Date of Burial " 10 "  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                           |                |
|---|---------------------------|----------------|
| Door Crape                                |                           |                |
| Draperies                                 | Candelabra and            | Candles.       |
| Washing & Laying out Remains, Shaving     |                           |                |
| Preservation of Remains                   | <u>Embalming</u>          | <u>50 00</u>   |
| No. _____ Casket.                         |                           | <u>100 00</u>  |
|   | Trimming.                 |                |
| No. _____ Handles                         |                           |                |
| No. _____ Plate engraved                  |                           |                |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                           | <u>5 00</u>    |
| Pl't' _____ H'dl's _____                  | Corners on Box.           |                |
| Delivering to Cemetery                    |                           |                |
| No. _____ Robe                            |                           |                |
| Prs. _____ Gloves _____                   | Linen Scarfs.             | <u>1 50</u>    |
| Use of _____ Doz. Chairs                  |                           |                |
| Flowers                                   |                           |                |
| Hearse                                    |                           | <u>10 00</u>   |
| Carriages to                              |                           |                |
| Advertising                               |                           |                |
| Cemetery charges                          | <u>+ opening of grave</u> | <u>14 00</u>   |
| Transportation Expenses, &c.              |                           |                |
| Attendance & Assistants                   |                           |                |
| Amount of Bill                            |                           | <u>180 50</u>  |
| Amount Brought Forward                    |                           | <u>1599 50</u> |
| Amount Carried Forward                    |                           | <u>1780 00</u> |

## PAYMENTS.

Paid



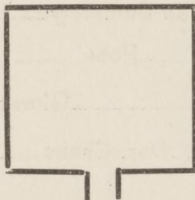
Number of Funeral 24

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Walter S Harris  
 Late Residence Monoma  
 Age 41 years 4 months 29 days.  
 Cause of Death Chronic Myocarditis  
 Certifying Physician J T O'Brien  
 Date of Death Sept. 13 - 1905  
 Date of Burial Sept. 16 1905  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

White cloth for lining grave

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Bid



Number of Funeral 25

Number for the Current Year \_\_\_\_\_

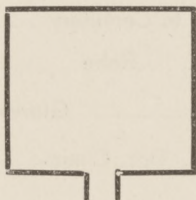
Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Rose CassidyLate Residence Shelburne, Sonoma CoAge 29 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Pulmonary TuberculosisCertifying Physician E. J. HennessyDate of Death Sept 12 - 1905Date of Burial 17 1905Funeral at House or Church Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 65 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

Pl't \_\_\_\_\_ H'd's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

6 Prs. White Gloves \_\_\_\_\_ Linen Scarfs. 1 50

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10 00

Carriages to \_\_\_\_\_

Preservation of Remains 10 00Candles 1 50Permit Burial 6 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants 5 00Amount of Bill 104 00Amount Brought Forward 1904 00Amount Carried Forward 2008 00

## PAYMENTS.

Paid




Number of Funeral 26

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Edward Norman Hodgkinson  
 Late Residence \_\_\_\_\_  
 Age \_\_\_\_\_ years 2 months \_\_\_\_\_ days.  
 Cause of Death Cerebral Spinal Meningitis  
 Certifying Physician Dr. M. Thompson  
 Date of Death Sept 29 - 1905  
 Date of Burial " 30 "  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate: {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>25 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>2 50</u>  |
| Pl't' _____ H'dl's _____                  | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 |              |
| <u>2</u> Carriages to                     |                 | <u>8 00</u>  |
| <u>Permit</u>                             |                 | <u>1 00</u>  |
| <u>opening of grave</u>                   |                 | <u>5 00</u>  |
|   |                 | <u>1 50</u>  |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 |              |
| Amount of Bill                            | <u>51 50</u>    |              |
| Amount Brought Forward                    | <u>2008 00</u>  |              |
| Amount Carried Forward                    | <u>2059 50</u>  |              |

## PAYMENTS.

Paid







Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Annie Megat*

Late Residence

*Glen Ellen Cal*

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Cause of Death

*Transition Chronic*

Certifying Physician

*F T Sprague*

Date of Death

*Nov 1st 1905*

Date of Burial

*" 3 "*

Funeral at House or \_\_\_\_\_

Church.

Place of Burial

*Mountain*

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }

Show position of monument by ☐.

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming.

*10 —*

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetary charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

*10 00*

Amount Brought Forward \_\_\_\_\_

*2157 00*

Amount Carried Forward \_\_\_\_\_

*2167 00*

## PAYMENTS.

*Paid*




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Bernice S. Fleischman  
 Late Residence San Francisco  
 Age — years 2 months 2 days.  
 Cause of Death Grauphous Pneumonia  
 Certifying Physician A. M. Thompson  
 Date of Death Nov 8th 1905  
 Date of Burial " 9 "  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>12 50</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>2 50</u>  |
| Pl't' _____ H'dl's _____                  | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 |              |
| Carriages to                              |                 |              |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 |              |
| Amount of Bill                            | <u>15 00</u>    |              |
| Amount Brought Forward                    | <u>2167 00</u>  |              |
| Amount Carried Forward                    | <u>2182 00</u>  |              |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

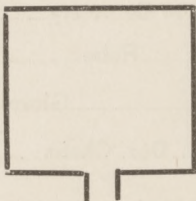
Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Louis AndreatLate Residence SoumaAge 48 years 3 months 4 days.Cause of Death Septic Eococcus of HandCertifying Physician A. M. ThompsonDate of Death Nov 15 - 1905Date of Burial " 16 "Funeral at House or Catholic Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising Open of grave

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



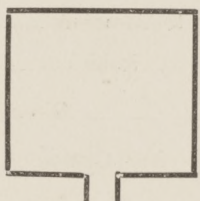
Number of Funeral \_\_\_\_\_

Number for the Current Year 1905

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Johanna Ryan  
 Late Residence San Francisco  
 Age 60 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Cerebral Hemorrhage  
 Certifying Physician C.A. Haffner  
 Date of Death Nov 22 1905  
 Date of Burial Nov 24 - 1905  
 Funeral at House or Catholic Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by ☐ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid

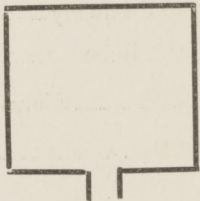


Number of Funeral 1Number for the Current Year 1906

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Murphy Canigan  
 Late Residence Sonoma  
 Age 12 years 2 months 20 days.  
 Cause of Death Acute inflammatory Rheumatism  
 Certifying Physician Dr. J. H. Johnson  
 Date of Death Dec 31 - 1905  
 Date of Burial Jan 1 - 1906  
 Funeral at House or House Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |               |
|---|-----------------|---------------|
| Door Crape                                |                 |               |
| Draperies                                 | Candelabra and  | Candles.      |
| Washing & Laying out Remains, Shaving     |                 |               |
| Preservation of Remains                   |                 |               |
| No. _____ Casket.                         | Trimming.       | <u>35 00</u>  |
| No. _____ Handles                         |                 |               |
| No. _____ Plate engraved                  |                 | <u>5 00</u>   |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |               |
| Pl't' _____ H'dl's _____                  | Corners on Box. |               |
| Delivering to Cemetery                    |                 |               |
| No. _____ Robe                            |                 |               |
| Prs. _____                                | Gloves _____    | Linen Scarfs. |
| Use of _____                              | Doz. Chairs     |               |
| Flowers                                   |                 | <u>10 00</u>  |
| Hearse                                    |                 |               |
| Carriages to                              |                 |               |
| Advertising                               |                 |               |
| Cemetery charges                          |                 |               |
| Transportation Expenses, &c.              |                 |               |
| Attendance & Assistants                   |                 | <u>50 00</u>  |
| Amount of Bill                            |                 |               |
| Amount Brought Forward                    |                 |               |
| Amount Carried Forward                    |                 |               |

## PAYMENTS.

Paid





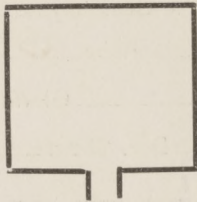


Number of Funeral 3Number for the Current Year 1906

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Baby Fonucci  
 Late Residence Glen Ellen  
 Age 3 years 3 months — days.  
 Cause of Death acute diphtheria  
 Certifying Physician Dr. Cupron  
 Date of Death Jan 20  
 Date of Burial " 21  
 Funeral at House or Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |               |
|---|-----------------|---------------|
| Door Crape                                |                 |               |
| Draperies                                 | Candelabra and  | Candles       |
| Washing & Laying out Remains, Shaving     |                 |               |
| Preservation of Remains                   |                 |               |
| No. _____ Casket.                         | Trimming.       | <u>17 50</u>  |
| No. _____ Handles                         |                 |               |
| No. _____ Plate engraved                  |                 |               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>2 50</u>   |
| Pl't' _____ H'dl's _____                  | Corners on Box. |               |
| Delivering to Cemetery                    |                 |               |
| No. _____ Robe                            |                 |               |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |               |
| Use of _____ Doz. Chairs                  |                 |               |
| Flowers                                   |                 |               |
| Hearse                                    |                 | <u>10 00</u>  |
| Carriages to                              |                 |               |
| Advertising                               |                 |               |
| Cemetery charges                          |                 | <u>6 00</u>   |
| Transportation Expenses, &c.              |                 |               |
| Attendance & Assistants                   |                 | <u>2 50</u>   |
| Amount of Bill                            |                 | <u>38 50</u>  |
| Amount Brought Forward                    |                 | <u>322 70</u> |
| Amount Carried Forward                    |                 | <u>361 20</u> |

## PAYMENTS.

Paid Jan 24/1906

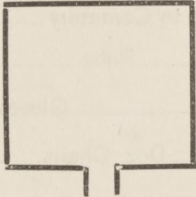


Number of Funeral 4Number for the Current Year 1906

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Marguerite P. Anderson  
 Late Residence Sporonq  
 Age 21 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician A.M. Thomson  
 Date of Death Jan 22 - 1906  
 Date of Burial 2/4 1906  
 Funeral at House or Catholic Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 65 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| Permit                                    |                 | 1 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 91 00    |
| Amount Brought Forward                    |                 | 3 61 20  |
| Amount Carried Forward                    |                 | 4 52 20  |

## PAYMENTS.

Paid in full 1906  
us 5% Feb 6<sup>th</sup>

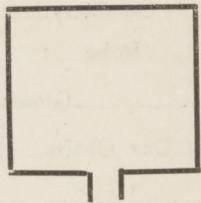


Number of Funeral 5Number for the Current Year 1906

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Peter von Wil  
 Late Residence Souma  
 Age 55 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Chronic Alcoholism  
 Certifying Physician A.M. Thomson  
 Date of Death Jan 22 - 1906  
 Date of Burial 214 1906  
 Funeral at House or Cemetery Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies. \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 1 Casket. \_\_\_\_\_ Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Opening of Grave 6.50  
Permit 1.00  
1st Undertaker 1.00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid in full  
Jan 24 - 1906




Number of Funeral 6

Be careful to enter name of deceased and number of page in index for future reference

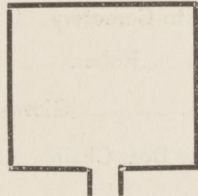
Number for the Current Year

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph Troni  
 Late Residence Sonoma  
 Age 29 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Cancer Large Intestine  
 Certifying Physician Malice J. Perry  
 Date of Death Feb 20 1906  
 Date of Burial " 26 "  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }  
 { Show position of monument by □. }



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. _____ Casket.                         |                | Trimming.       |
| No. _____ Handles                         |                |                 |
| No. _____ Plate engraved                  |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't' _____ H'dl's _____                  |                | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. _____ Robe                            |                |                 |
| Prs. _____ Gloves _____                   |                | Linen Scarfs.   |
| Use of _____ Doz. Chairs                  |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| <u>Receiving of train</u>                 |                |                 |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            |                |                 |
| Amount Brought Forward                    |                |                 |
| Amount Carried Forward                    |                |                 |

150

10 00

5 00

1 00

250

20 00

525 70

545 70

PAYMENTS.

Paid



Number of Funeral 7

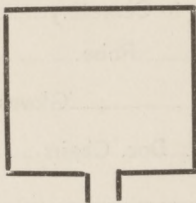
Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Julia CastagneseLate Residence SonomaAge 2 years 2 months \_\_\_\_\_ days.Cause of Death Accidental DrowningCertifying Physician Corona F.E. B.Date of Death Feb 26 - 1906Date of Burial 28Funeral at House or Cathedral Church.Place of Burial " Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }

{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs.

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Burial Permit

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Paid in full

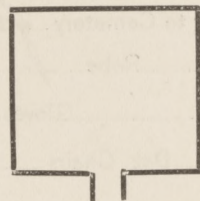


Number of Funeral 8  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Philomene Bidaut  
 Late Residence Hen Ellen  
 Age 59 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Nephritis Nasal Bone  
 Certifying Physician E.A. Crepin  
 Date of Death Feb 27 - 1906  
 Date of Burial 28 "  
 Funeral at House or Bochot's Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave   
 { Draw lines | | for Graves in the Plot, and designate this one with a double Cross + }  
 { Show position of monument by □ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 |          |
| No. Casket.                               | Trimming.       | 35 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 |          |
| Prs. Gloves                               | Linen Scarfs.   |          |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 | 1 00     |
| <u>Burial front</u>                       |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 36 00    |
| Amount Brought Forward                    |                 | 600 70   |
| Amount Carried Forward                    |                 | 636 70   |

PAYMENTS.

Paid



Number of Funeral 9

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Jessie Winfield Rembo

Late Residence

SouthernAge 45 years 1 months  days.

Cause of Death

Chronic hepatitis of Kidney

Certifying Physician

Byron

Date of Death

March 10 - 1906

Date of Burial

12 1906

Funeral at House or

Home

Church.

Place of Burial

Valley

Cemetery.

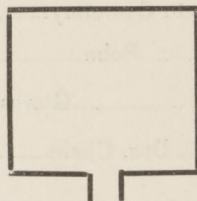
Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies. \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving.

Preservation of Remains.

No. 1 Casket.

Trimming.

No. \_\_\_\_\_

Handles.

No. \_\_\_\_\_ Plate engraved.

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs.

Flowers.

Hearse.

Carriages to

Permit

Advertising.

Cemetery charges.

Transportation Expenses, &amp;c.

Attendance &amp; Assistants.

Amount of Bill.

Amount Brought Forward.

Amount Carried Forward.

## PAYMENTS.

Paid



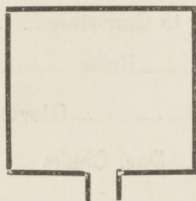
Number of Funeral 10

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 1906

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Edith Sorini  
 Late Residence Souma  
 Age 4 years 15 months 15 days.  
 Cause of Death Intussusception Bowel  
 Certifying Physician A. E. Byron  
 Date of Death March 25 1906  
 Date of Burial " 27 1906  
 Funeral at House or Catholic Church.  
 Place of Burial A1 Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                                   |               |
|---|-----------------------------------|---------------|
| Door Crape                                |                                   |               |
| Draperies                                 | Candelabra and <u>10</u> Candles. | <u>1.50</u>   |
| Washing & Laying out Remains, Shaving     |                                   |               |
| Preservation of Remains                   |                                   |               |
| No. _____ Casket.                         | Trimming.                         | <u>30 00</u>  |
| No. _____ Handles                         |                                   |               |
| No. _____ Plate engraved                  |                                   |               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                                   | <u>2.50</u>   |
| Pl't' _____ H'dl's _____                  | Corners on Box.                   |               |
| Delivering to Cemetery                    |                                   |               |
| No. _____ Robe                            |                                   |               |
| Prs. _____ Gloves _____                   | Linen Scarfs.                     |               |
| Use of _____ Doz. Chairs                  |                                   |               |
| Flowers                                   |                                   |               |
| Hearse                                    |                                   |               |
| Carriages to                              |                                   |               |
| Advertising                               |                                   |               |
| Cemetery charges                          |                                   |               |
| Transportation Expenses, &c.              |                                   |               |
| Attendance & Assistants                   |                                   | <u>5 00</u>   |
| Amount of Bill                            |                                   | <u>39 00</u>  |
| Amount Brought Forward                    |                                   | <u>709 20</u> |
| Amount Carried Forward                    |                                   | <u>748 20</u> |

## PAYMENTS.

Paid



Number of Funeral 11

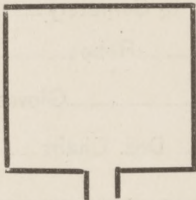
Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Samuel StacyLate Residence KenwoodAge 59 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Influenza PneumoniaCertifying Physician A. Mc G. StuartDate of Death April 15<sup>th</sup>Date of Burial " 17Funeral at House or 1007 Lodge Room Church.Place of Burial Cremation 1007 Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross † }  
Show position of monument by □.

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Del to Train April 17<sup>th</sup> am

Advertising \_\_\_\_\_

Ceme'tery charges at S.F. ExpenseTransportation Expenses, &c. + hotel 4.87.

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

By M. B. B.  
June 16<sup>th</sup> 1906Paid3.00  
50.00



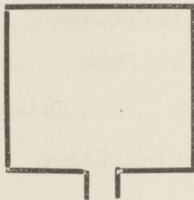
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Rudolph Baccan  
 Late Residence Los Angeles  
 Age 50 years 1 months — days.  
 Cause of Death Natural Insufficiency  
 Certifying Physician B. Lasselle  
 Date of Death May 4<sup>th</sup> 1906  
 Date of Burial " 12<sup>th</sup> 1906  
 Funeral at House or Church Church.  
 Place of Burial Monterey Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                          |
|---|----------------|--------------------------|
| Door Crape                                |                |                          |
| Draperies                                 | Candelabra and | Candles.                 |
| Washing & Laying out Remains, Shaving     |                |                          |
| Preservation of Remains                   |                |                          |
| No. _____ Casket.                         |                | Trimming.                |
| No. _____ Handles                         |                |                          |
| No. _____ Plate engraved                  |                |                          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                          |
| Pl't _____ H'dl's _____                   |                | Corners on Box.          |
| Delivering to Cemetery                    |                |                          |
| No. _____ Robe                            |                |                          |
| Prs. _____ Gloves _____                   |                | Linen Scarfs. <u>150</u> |
| Use of _____ Doz. Chairs                  |                |                          |
| Flowers                                   |                |                          |
| Hearse                                    |                | <u>10 00</u>             |
| Carriages to                              |                |                          |
| Advertising                               |                |                          |
| Cemetery charges                          |                | <u>4 00</u>              |
| Transportation Expenses, &c.              |                | <u>5 00</u>              |
| Attendance & Assistants                   |                | <u>5 00</u>              |
| Amount of Bill                            |                | <u>25 50</u>             |
| Amount Brought Forward                    |                | <u>887 70</u>            |
| Amount Carried Forward                    |                | <u>913 20</u>            |

## PAYMENTS.

Paid



Number of Funeral 13

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Robert L. CarmigioniLate Residence San FranciscoAge 48 years \_\_\_\_\_ months \_\_\_\_\_ days.

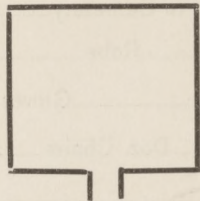
Cause of Death \_\_\_\_\_

Certifying Physician C. M. ThompsonDate of Death May 30 - 1906Date of Burial " sent to D.F.

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

By cashPaid

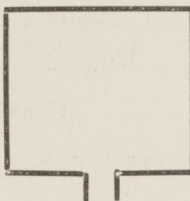


Number of Funeral 14  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd J. H. Davis  
 Late Residence El Verano  
 Age 27 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Delirium Tremens  
 Certifying Physician Dr. J. M. Thompson  
 Date of Death June 12 - 1906  
 Date of Burial 15 - 1906  
 Funeral at House or Church Church.  
 Place of Burial Public Mt. Cemetery  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross + }  
 { Show position of monument by □ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|  |                |                      |
|--|----------------|----------------------|
| Door Crape                                       |                |                      |
| Draperies  | Candelabra and | Candles. <u>1 00</u> |
| Washing & Laying out Remains, Shaving            |                | <u>10 00</u>         |
| Preservation of Remains                          |                |                      |
| No. _____ Casket & <u>Coffin</u> Trimming.       |                | <u>175 00</u>        |
| No. _____ Handles                                |                |                      |
| No. _____ Plate engraved                         |                |                      |
| Outside Box, (Pine, Chestnut, Oak, Cedar)        |                | <u>6 00</u>          |
| Pl't' _____ H'dl's _____ Corners on Box.         |                |                      |
| Delivering to Cemetery                           |                |                      |
| No. _____ Robe                                   |                | <u>10 00</u>         |
| Prs. _____ Gloves _____ Linen Scarfs.            |                | <u>1 50</u>          |
| Use of _____ Doz. Chairs                         |                |                      |
| Flowers  |                |                      |
| Hearse   |                | <u>10 00</u>         |
| Carriages to                                     |                |                      |
| Advertising                                      |                |                      |
| Cemetery charges                                 |                | <u>1 00</u>          |
| Transportation Expenses, &c. <u>to El Verano</u> |                | <u>5 00</u>          |
| Attendance & Assistants                          |                | <u>50</u>            |
| Amount of Bill                                   |                | <u>219 50</u>        |
| Amount Brought Forward                           |                | <u>1039 20</u>       |
| Amount Carried Forward                           |                | <u>1258 90</u>       |

## PAYMENTS.

Paid







Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Marian R GellisLate Residence San FranciscoAge \_\_\_\_\_ years 2 months 24 days.Cause of Death Chronic dysenteryCertifying Physician Dr. M. Thompson

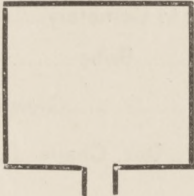
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Shipped to S.F. Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave { Draw lines | | | for Graves in the Plot, and designate this one with a double Cross + }  
Show position of monument by ☐.

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

By cash550



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Miss C. Hall*

Late Residence

*San Francisco*

Age

*19*

years

months

days

Cause of Death

*Heart Disease*

Certifying Physician

*W. M. Tomson*

Date of Death

*Aug 1 - 1906*

Date of Burial

*Aug 4*

Funeral at House or

*P. 7*

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription

on Plate.

Measurement.

Length to Heel

feet

in.

Width at Shoulder

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket

Trimming

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't

H'dl's

Corners on Box

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs

Use of

Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

*Paid*



Number of Funeral

Number for the Current Year

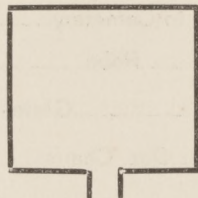
Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd William A. Stark  
 Late Residence D. F.  
 Age 50 years - months - days.  
 Cause of Death Stroke  
 Certifying Physician Lawrence  
 Date of Death Aug 2 1906  
 Date of Burial 8  
 Funeral at House or King Solomon Temple  
 Place of Burial Cypress Lawn Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by □.



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants 27 50  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward 1447 20  
 Amount Carried Forward 1474 70

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*P. Baccala*

Late Residence

*Petaluma*Age *54* years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death

*Cerebral*

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave



{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross † }  
 { Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 { }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

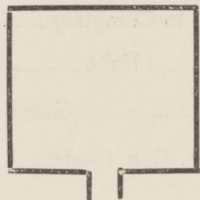


Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of de-  
 ceased and number of page  
 in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Geo Spencer  
 Late Residence San Francisco  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Phuronia  
 Certifying Physician A. M. Laughlin  
 Date of Death Aug 1 - 1906  
 Date of Burial Aug 4 -  
 Funeral at House or M. E. Church Church.  
 Place of Burial Waukegan Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

# MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Change of Grave 10 00  
 Advertising 2 50  
 Cemetery charges 6 00  
 Transportation Expenses, &c. 5 00  
 Attendance & Assistants 5 00  
 Amount of Bill 33 50  
 Amount Brought Forward 14 78 70  
 Amount Carried Forward 151 2 20

## PAYMENTS.

Aug 7 - Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Josephine Lahan*

Late Residence

*Sonoma*Age *1* years *6* months \_\_\_\_\_ days.

Cause of Death

*accidental drowning*

Certifying Physician

*Corrigan*

Date of Death

*Aug 14*

Date of Burial

*Aug 15*

Funeral at House or

Church.

Place of Burial

*Mountain*

Cemetery.

Grave or Lot No.

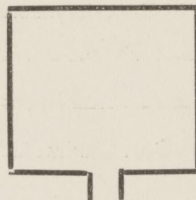
Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }

Show position of monument by ☐.



Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. \_\_\_\_\_ Casket.

Trimming.

*15 00*

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

*2 50*

Pl't'

H'dl's

Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

Prs.

Gloves

Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

Carriages to \_\_\_\_\_

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

*5 00**6 00**2 50**31 00**1478 70**1509 70*

## PAYMENTS.

*Paid*

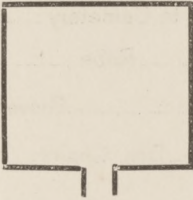


Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of de  
 ceased and number of page  
 in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. *Mrs. Gertude Hoag*  
 Late Residence *D 7*  
 Age *63* years *8* months \_\_\_\_\_ days.  
 Cause of Death *Senil Dementia*  
 Certifying Physician \_\_\_\_\_  
 Date of Death *Aug 23*  
 Date of Burial *Aug 26*  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial *Mountain* Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by □.

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. Casket.                               |                | Trimming.       |
| No.                                       |                | Handles         |
| No.                                       |                | Plate engraved  |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No.                                       |                | Robe            |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz.           | Chairs          |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| <i>Bot on Hill</i>                        |                | <i>1 00</i>     |
| <i>opening grave</i>                      |                | <i>10 00</i>    |
| Advertising                               |                |                 |
| Cemetery charges                          |                | <i>4 00</i>     |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | <i>2 50</i>     |
| Amount of Bill                            |                | <i>79 00</i>    |
| Amount Brought Forward                    |                | <i>150 9 70</i> |
| Amount Carried Forward                    |                | <i>153 8 70</i> |

## PAYMENTS.

*Paid*



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Charles Taruck*

Late Residence

*D. F.*

Age

*51*

years

months

days

Cause of Death

*Peritonitis*

Certifying Physician

*W. M. Thomson*

Date of Death

*Aug 31 - 1916*

Date of Burial

*Sept 4*

Funeral at House or

Church.

Place of Burial

*D. F.*

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription

on Plate.

Measurement.

Length to Heel

feet

in.

Width at Shoulder

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket.

Trimming.

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't'

H'dl's

Corners on Box.

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

*Paid*

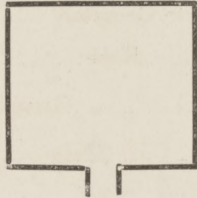


Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Henry Mathison  
 Late Residence D. F.  
 Age 48 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Snosis of the liver  
 Certifying Physician A. M. Thomson  
 Date of Death Sept. 15 - 1906  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial D. F. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                | 20 00           |
| No. Casket.                               | Trimming.      |                 |
| No. Handles                               |                |                 |
| No. Plate engraved                        |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz. Chairs    |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            |                | 20 00           |
| Amount Brought Forward                    |                | 1658 70         |
| Amount Carried Forward                    |                | 1678 70         |

PAYMENTS.

*Paid*



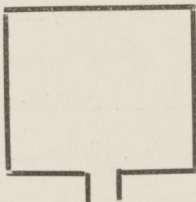
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Peter Kiser  
 Late Residence Donoma  
 Age 72 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Valvular Heart Disease  
 Certifying Physician A. E. Byron  
 Date of Death Sept. 16 - 1906  
 Date of Burial " 18 "  
 Funeral at House or Catholic Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 100 —    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 1 50     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Permit</u>                             |                 | 1 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 | 5 00     |
| Attendance & Assistants                   |                 | 132 50   |
| Amount of Bill                            |                 | 1678 70  |
| Amount Brought Forward                    |                 | 1811 20  |
| Amount Carried Forward                    |                 |          |

PAYMENTS.

Paid

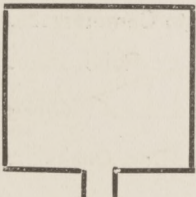


Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Geo. H. Cornelious  
 Late Residence Donoma  
 Age 64 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Softening of Brain  
 Certifying Physician Wm. J. Thomson  
 Date of Death Oct 23 - 1906  
 Date of Burial 25  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |                |
|---|-----------------|----------------|
| Door Crape                                |                 |                |
| Draperies                                 | Candelabra and  | Candles.       |
| Washing & Laying out Remains, Shaving     |                 |                |
| Preservation of Remains                   |                 |                |
| No. _____ Casket.                         | Trimming.       | <u>65 00</u>   |
| No. _____ Handles                         |                 |                |
| No. _____ Plate engraved                  |                 | <u>5 00</u>    |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |                |
| Pl't' _____ H'dl's _____                  | Corners on Box. |                |
| Delivering to Cemetery                    |                 |                |
| No. _____ Robe                            |                 | <u>10 00</u>   |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | <u>1 50</u>    |
| Use of _____ Doz. Chairs                  |                 |                |
| Flowers                                   |                 | <u>10 00</u>   |
| Hearse                                    |                 |                |
| Carriages to <u>Bern't.</u>               |                 | <u>1 00</u>    |
| Advertising                               |                 |                |
| Cemetery charges                          |                 |                |
| Transportation Expenses, &c.              |                 |                |
| Attendance & Assistants                   |                 |                |
| Amount of Bill                            |                 | <u>92 50</u>   |
| Amount Brought Forward                    |                 | <u>1811 20</u> |
| Amount Carried Forward                    |                 | <u>1903 70</u> |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

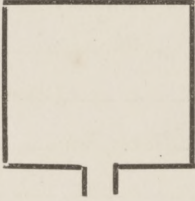
Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Olof Emil HansonLate Residence Elk RiverAge 43 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death ConsumptionCertifying Physician Wm. ThomsonDate of Death Oct 26 - 1906Date of Burial " 28 " "Funeral at House or Home Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Justin JensonLate Residence Alatune

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

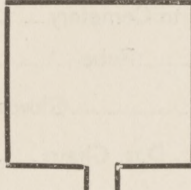
Cause of Death accidental deathCertifying Physician CarsonDate of Death Nov 6 - 1916

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Alatune Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. }

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants \_\_\_\_\_ 20 00

Amount of Bill \_\_\_\_\_

Amount Brought Forward 1972 20Amount Carried Forward 1992 20

## PAYMENTS.

paid



Number of Funeral

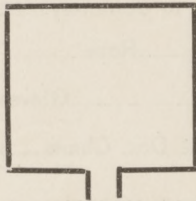
Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd *Samuel Joseph O'banner*Late Residence *San Francisco*Age *31* years *1* months *14* days.Cause of Death *Pulmonary Tuberculosis*Certifying Physician *Franklin Lee*Date of Death *Nov 14 - 1906*Date of Burial *" "*Funeral at House or *Catholic* Church.Place of Burial *"* Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel feet in. }

{ Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies. Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains.

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

*Paid*

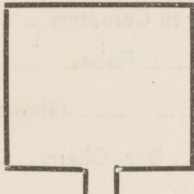


Number of Funeral \_\_\_\_\_  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Geo William Taylor  
 Late Residence Sumner Grove  
 Age 40 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Natural Insufficiency  
 Certifying Physician W.M. Thompson  
 Date of Death Dec 14 - 1906  
 Date of Burial Dec 17  
 Funeral at House or \_\_\_\_\_ Church \_\_\_\_\_  
 Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. _____ Casket.                         |                | Trimming.       |
| No. _____ Handles                         |                |                 |
| No. _____ Plate engraved                  |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't _____ H'dl's _____                   |                | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. _____ Robe                            |                |                 |
| Prs. _____ Gloves _____                   |                | Linen Scarfs.   |
| Use of _____ Doz. Chairs                  |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| <u>Delivered to Depot</u>                 | <u>20</u>      | <u>00</u>       |
| <u>Removal Permit</u>                     | <u>1</u>       | <u>00</u>       |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            | <u>21</u>      | <u>00</u>       |
| Amount Brought Forward                    | <u>20</u>      | <u>95</u>       |
| Amount Carried Forward                    | <u>20</u>      | <u>81 95</u>    |

## PAYMENTS.

Paid



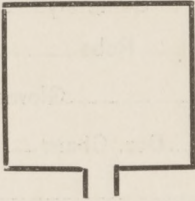
Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Betty Olson  
 Late Residence Sonoma  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Whooping Cough  
 Certifying Physician Dr. W. Thompson  
 Date of Death Dec 6th  
 Date of Burial " 8 "  
 Funeral at House or Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 15 00

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Permit1 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

16 00  
2081 95  
2097 95

## PAYMENTS.

Paid



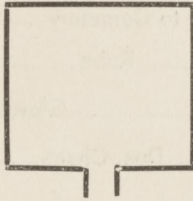
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd B. Aguilon  
 Late Residence Sojona  
 Age 78 years 4 months 9 days.  
 Cause of Death Cerebral Hemorrhage  
 Certifying Physician French Hospital  
 Date of Death Dec 15  
 Date of Burial \_\_\_\_\_  
 Funeral at House or Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |          |
|---|----------|
| Door Crape                                | 2 00     |
| Draperies Candelabra and Candles.         |          |
| Washing & Laying out Remains, Shaving     |          |
| Preservation of Remains                   |          |
| No. Casket. Trimming.                     |          |
| No. Handles                               |          |
| No. Plate engraved                        |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |          |
| Pl't H'dl's Corners on Box.               |          |
| Delivering to Cemetery                    |          |
| No. Robe                                  |          |
| Prs. Gloves Linen Scarfs.                 | 2 00     |
| Use of Doz. Chairs                        |          |
| Flowers                                   |          |
| Hearse                                    | 10 00    |
| Carriages to                              |          |
| Burial Permit                             | 1 00     |
| Box to cemetery                           | 50       |
| Advertising                               |          |
| Cemetery charges                          |          |
| Transportation Expenses, &c.              |          |
| Attendance & Assistants                   | 5 00     |
| Amount of Bill                            | 20 50    |
| Amount Brought Forward                    | 209 95   |
| Amount Carried Forward                    | 211 8 45 |

## PAYMENTS.

Paid



Number of Funeral

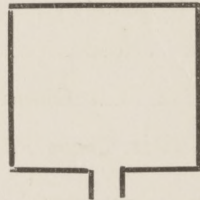
Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. *Thelma Cunningham*Late Residence *Gen. Ellery*Age *7* years *7* months *15* daysCause of Death *Pneumonia*Certifying Physician *Dr. G. J. G. G. G.*Date of Death *Dec 15*Date of Burial *17*Funeral at House or *Oakland* Church.Place of Burial *Oakland* Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate.

Measurement. { Length to Heel feet in. }  
 { Width at Shoulder }

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.



Number of Funeral \_\_\_\_\_

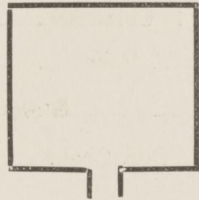
Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Jean P. P. BordenLate Residence Mesburg, IowaAge 43 years 10 months 15 days.Cause of Death Pulmonary TuberculosisCertifying Physician A. M. ThomsonDate of Death Dec 15 - 1906Date of Burial 17Funeral at House or Home Church.Place of Burial Valley Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Bid10 0035 005 001 0010 005 001 005 002 5074 50211 63 45224 9 95



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd \_\_\_\_\_

Late Residence \_\_\_\_\_

Age 40 years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death \_\_\_\_\_


Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_

Place of Burial \_\_\_\_\_

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription { \_\_\_\_\_

on Plate. { \_\_\_\_\_

Measurement. { \_\_\_\_\_

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

*Paid*



Number of Funeral \_\_\_\_\_

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Elna McBracken

Late Residence Donoma

Age 72 years 0 months 10 days.

Cause of Death Marasmus

Certifying Physician A. M. Thomson

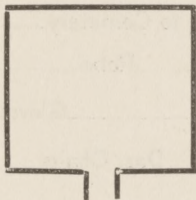
Date of Death Dec 25 1906

Date of Burial 27

Funeral at House or House Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 65 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. 1 00

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10 00

Carriages to \_\_\_\_\_

City Burial Permit 4 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &c. \_\_\_\_\_

Attendance & Assistants \_\_\_\_\_

Amount of Bill 85 00

Amount Brought Forward 2352 95

Amount Carried Forward 21437 95

## PAYMENTS.

Paid -



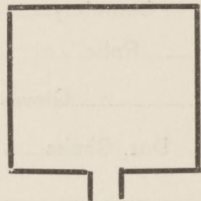
Number of Funeral 1

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd J. J. Young.  
 Late Residence Q. M. Young.  
 Age 70 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Marasmus Senilis  
 Certifying Physician C. M. Thomson  
 Date of Death Dec - 21 - 1906  
 Date of Burial Jan 1 - 1907  
 Funeral at House or Home Church.  
 Place of Burial Cypress Hill Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |       |
|---|-------|
| Door Crape                                    |       |
| Draperies _____ Candelabra and _____ Candles. |       |
| Washing & Laying out Remains, Shaving         |       |
| Preservation of Remains                       |       |
| No. _____ Casket. _____ Trimming.             | 65 00 |
| No. _____ Handles                             |       |
| No. _____ Plate engraved                      |       |
| Outside Box, (Pine, Chestnut, Oak, Cedar)     | 6 00  |
| Pl't' _____ H'dl's _____ Corners on Box.      |       |
| Delivering to Cemetery                        |       |
| No. _____ Robe                                |       |
| Prs. _____ Gloves _____ Linen Scarfs.         | 1 50  |
| Use of _____ Doz. Chairs                      |       |
| Flowers                                       |       |
| Hearse <u>To Petaluma</u>                     | 15 00 |
| Carriages to                                  |       |
| <u>Removal Permit</u>                         | 1 00  |
| <u>&amp; Fences at Pet</u>                    | 2 50  |
| Advertising                                   |       |
| Cemetery charges                              |       |
| Transportation Expenses, &c.                  |       |
| Attendance & Assistants                       | 5 00  |
| Amount of Bill                                | 96 00 |
| Amount Brought Forward                        |       |
| Amount Carried Forward                        |       |

## PAYMENTS.

Paid

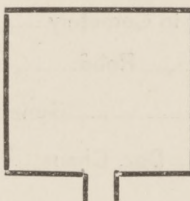


Number of Funeral 2  
 Number for the Current Year 1907

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joel M. Gane  
 Late Residence Glen Ellen  
 Age 72 years 1 months 3 days.  
 Cause of Death Cerebral Hemorrhage  
 Certifying Physician Dr. Thomas  
 Date of Death Jan 20 - 1907  
 Date of Burial 25 1907  
 Funeral at House or House Church.  
 Place of Burial Cremated at Oakland Cemetery  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 100 00   |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 6 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 2 00     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 12 00    |
| Carriages to                              |                 |          |
| Articles furnished & Exp. Phon            |                 | 5 00     |
| Saddle team to G.E.                       |                 | 5 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 145 00   |
| Amount Brought Forward                    |                 | 96 00    |
| Amount Carried Forward                    |                 | 241 00   |

## PAYMENTS.

Bill



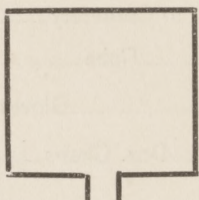
Number of Funeral 3

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Carl Larsen  
 Late Residence Q Verano  
 Age 60 years — months — days.  
 Cause of Death Cerebral Hemorrhage  
 Certifying Physician Dr. J. Thompson  
 Date of Death Jan 22 - 1907  
 Date of Burial 25  
 Funeral at House or Chapel 8007 Church.  
 Place of Burial 2007 A.A. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |          |
|---|----------------|----------|
| Door Crape                                |                |          |
| Draperies                                 | Candelabra and | Candles. |
| Washing & Laying out Remains, Shaving     |                |          |
| Preservation of Remains                   |                | 10 00    |
| No. Casket.                               | Trimming.      | 60 00    |
| No. Handles                               |                |          |
| No. Plate engraved                        |                |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                | 6 00     |
| Pl't' H'dl's                              | Cornerson Box. |          |
| Delivering to Cemetery                    |                |          |
| No. Robe                                  |                | 5 00     |
| Prs. Gloves                               | Linen Scarfs.  |          |
| Use of Doz. Chairs                        |                |          |
| Flowers                                   |                |          |
| Hearse                                    |                |          |
| Carriages to                              |                |          |
| Wagon & Sled                              |                | 5 00     |
| Thru                                      |                | 75       |
| Funeral Fund                              |                | 1 00     |
| Advertising                               |                |          |
| Cemetery charges                          |                |          |
| Transportation Expenses, &c.              |                |          |
| Attendance & Assistants                   |                | 2 50     |
| Amount of Bill                            |                | 90 25    |
| Amount Brought Forward                    |                | 240 00   |
| Amount Carried Forward                    |                | 331 25   |

## PAYMENTS.

①



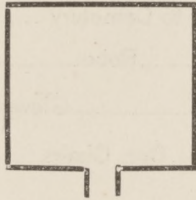
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 4

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Henry C. Whiting  
 Late Residence San Francisco  
 Age 73 years 11 months 22 days.  
 Cause of Death Chronic Myocarditis  
 Certifying Physician E H Macfarlane M.D.  
 Date of Death Feb. 1 - 1907  
 Date of Burial " 13 1907  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                               |
|---|-------------------------------|
| Door Crape                                |                               |
| Draperies                                 | Candelabra and _____ Candles. |
| Washing & Laying out Remains, Shaving     |                               |
| Preservation of Remains                   |                               |
| No. _____ Casket.                         | Trimming.                     |
| No. _____ Handles                         |                               |
| No. _____ Plate engraved                  |                               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                               |
| Pl't' _____ H'dl's _____                  | Corners on Box. <u>6 00</u>   |
| Delivering to Cemetery                    |                               |
| No. _____ Robe                            |                               |
| Prs. _____ Gloves _____                   | Linen Scarfs.                 |
| Use of _____ Doz. Chairs                  |                               |
| Flowers                                   |                               |
| Hearse                                    | <u>10 00</u>                  |
| Carriages to _____                        |                               |
| Use of Wagon                              | <u>5 00</u>                   |
| Advertising                               |                               |
| Cemetery charges                          | <u>6 00</u>                   |
| Transportation Expenses, &c.              |                               |
| Attendance & Assistants                   | <u>9 00</u>                   |
| Amount of Bill                            | <u>34 00</u>                  |
| Amount Brought Forward                    | <u>331 00</u>                 |
| Amount Carried Forward                    | <u>365 00</u>                 |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year 5

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Baby Hocker

Late Residence

DonomaAge \_\_\_\_\_ years \_\_\_\_\_ months 2 days.

Cause of Death

Congenital Malformation

Certifying Physician

Wm. Thomson

Date of Death

Feb 2 1917

Date of Burial

" 4 "

Funeral at House or

Gemilay

Church.

Place of Burial

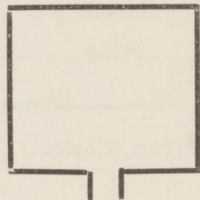
Mountain

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. \_\_\_\_\_ Casket.

Trimming.

15 00

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

15 00

Amount Brought Forward

365 00

Amount Carried Forward

380 00

## PAYMENTS.

Paid

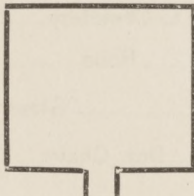


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 6

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Ferdnands Adami  
 Late Residence Omoma  
 Age 47 years 3 months - days.  
 Cause of Death Broncho Pneumonia  
 Certifying Physician A. M. Thomson  
 Date of Death Feb 4 - 1917  
 Date of Burial " 6 - 1917  
 Funeral at House or Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

# MEMORANDUM.

# ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     | 10 00                   |
| Preservation of Remains                   |                         |
| No. Casket.                               | 60 00                   |
| Trimming.                                 |                         |
| No. Handles                               |                         |
| No. Plate engraved                        |                         |
| Outside Box, (Pine, Chestnut, Oak, Cedar) | 5 00                    |
| Pl't' H'd'l's                             |                         |
| Corners on Box.                           |                         |
| Delivering to Cemetery                    |                         |
| No. Robe                                  | 6 00                    |
| Prs. Gloves                               | 1 50                    |
| Linen Scarfs.                             |                         |
| Use of Doz. Chairs                        |                         |
| Flowers                                   |                         |
| Hearse                                    | 10 00                   |
| Carriages to                              |                         |
| Advertising                               |                         |
| Cemetery charges                          | 6 00                    |
| Transportation Expenses, &c.              |                         |
| Attendance & Assistants                   | 5 00                    |
| Amount of Bill                            | 103 50                  |
| Amount Brought Forward                    | 380 00                  |
| Amount Carried Forward                    | 483 50                  |

# PAYMENTS.

Paid



Number of Funeral

Number for the Current Year 7

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Mrs. A. Douglas

Late Residence

Donna

Age

79

years

months

days

Cause of Death

Valvular Heart Disease

Certifying Physician

W. M. Thomson

Date of Death

Feb. 17 - 1907

Date of Burial

19 1907

Funeral at House or

House

Church

Place of Burial

Mountain

Cemetery

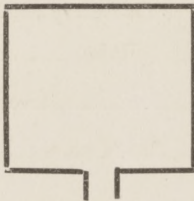
Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by ☐. }



Inscription

on Plate.

Measurement.

Length to Heel feet in.

Width at Shoulder

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket

Trimming

45 00

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

5 00

Pl't'

H'dl's

Corners on Box

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs

Use of Doz. Chairs

Flowers

Hearse

10 00

Carriages to

Advertising

Cemetery charges

4 00

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

2 50

Amount of Bill

66 50

Amount Brought Forward

483 50

Amount Carried Forward

550 00

PAYMENTS.

Paid




Number of Funeral 8

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Benedict Walter  
 Late Residence Lenehey Ranch  
 Age about years 35 months \_\_\_\_\_ days  
 Cause of Death Consumption  
 Certifying Physician Carson  
 Date of Death Feb 26 - 1907  
 Date of Burial 27 1907  
 Funeral at House or Cemetery Church.  
 Place of Burial Vally Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 No. \_\_\_\_\_ Handles  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Hospital coffin  
10 600

14 50  
5 00

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

19 50  
550 00  
569 50

## PAYMENTS.

Paid



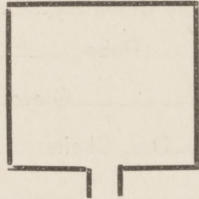
Number of Funeral 9

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph H. Potter  
 Late Residence Sonoma Valley  
 Age 44 years 1 months \_\_\_\_\_ days.  
 Cause of Death Pneumonia  
 Certifying Physician E. J. Hennessey  
 Date of Death March 14 1907  
 Date of Burial March 17 - 1907  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 75 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 6 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 150      |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 | 6 00     |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 113 50   |
| Amount Brought Forward                    |                 | 569 60   |
| Amount Carried Forward                    |                 | 683 10   |

## PAYMENTS.




Number of Funeral 18

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Matthew Selma  
 Late Residence Sonoma Valley  
 Age 20 years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_  
 Cause of Death Pulmonary tuberculosis  
 Certifying Physician A. M. Thomson  
 Date of Death Mar 14 - 1907  
 Date of Burial " 16 "  
 Funeral at House or Church Church.  
 Place of Burial Boehrer Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 100 00   |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 6 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe <u>Suit</u>                |                 | 16 00    |
| 6 Prs <u>Gloves</u>                       | Linen Scarfs.   | 2 00     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 | 1 00     |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 150 00   |
| Amount Brought Forward                    |                 | 683 10   |
| Amount Carried Forward                    |                 | 833 10   |

## PAYMENTS.

Paid



Number of Funeral 11

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

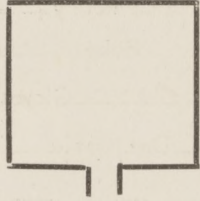
Name of Dec'd Geo Andrew GoessLate Residence AlmhurstAge 85 years 10 months 11 days.Cause of Death Seniel ParisisCertifying Physician M. F. Lynch

Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or Home Church.Place of Burial Monmolen Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Lead Wagon for E.H.

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



Number of Funeral 12

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Samuel Mc GillLate Residence NelsonvilleAge 84 years — months — days.

Cause of Death \_\_\_\_\_

Certifying Physician A. M. Baxter

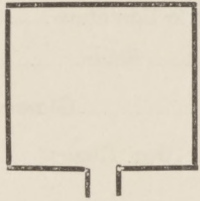
Date of Death \_\_\_\_\_

Date of Burial March 18 - 1907

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                           |
|---|----------------|---------------------------|
| Door Crape                                |                |                           |
| Draperies                                 | Candelabra and | Candles.                  |
| Washing & Laying out Remains, Shaving     |                |                           |
| Preservation of Remains                   |                |                           |
| No. _____ Casket.                         |                | Trimming.                 |
| No. _____ Handles                         |                |                           |
| No. _____ Plate engraved                  |                |                           |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                           |
| Pl't' _____ H'dl's _____                  |                | Corners on Box.           |
| Delivering to Cemetery                    |                |                           |
| No. _____ Robe                            |                |                           |
| Prs. _____ Gloves _____                   |                | Linen Scarfs. <u>1 50</u> |
| Use of _____ Doz. Chairs                  |                |                           |
| Flowers                                   |                |                           |
| Hearse                                    |                | <u>70 00</u>              |
| Carriages to                              |                |                           |
| <u>Lead the grave for E. V.</u>           |                | <u>5 00</u>               |
| Advertising                               |                |                           |
| Cemetery charges                          |                | <u>1 00</u>               |
| Transportation Expenses, &c.              |                |                           |
| Attendance & Assistants                   |                | <u>5 00</u>               |
| Amount of Bill                            |                | <u>22 50</u>              |
| Amount Brought Forward                    |                | <u>856 10</u>             |
| Amount Carried Forward                    |                | <u>878 60</u>             |

## PAYMENTS.

Paid



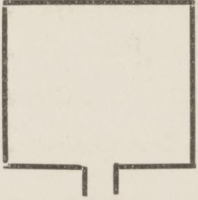
Number of Funeral 13

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Ellen M. Stewart  
 Late Residence La Alto.  
 Age 87 years 8 months 3 days.  
 Cause of Death Hypertensive Pneumonia  
 Certifying Physician R. L. Wilbur  
 Date of Death April 21 - 1907  
 Date of Burial " 7 "  
 Funeral at House or Parlors Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                            |
|---|----------------|----------------------------|
| Door Crape                                |                |                            |
| Draperies                                 | Candelabra and | Candles.                   |
| Washing & Laying out Remains, Shaving     |                |                            |
| Preservation of Remains                   |                |                            |
| No. _____ Casket.                         |                | Trimming.                  |
| No. _____ Handles                         |                |                            |
| No. _____ Plate engraved                  |                |                            |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                            |
| Pl't _____ H'dl's _____                   |                | Corners on Box.            |
| Delivering to Cemetery                    |                |                            |
| No. _____ Robe                            |                |                            |
| Prs. _____                                |                | Gloves _____ Linen Scarfs. |
| Use of _____ Doz. Chairs                  |                |                            |
| Flowers                                   |                |                            |
| Hearse                                    |                | 10 00                      |
| Carriages to                              |                |                            |
| Lead Team at Supt                         |                | 5 00                       |
| Burial Plot                               |                | 50                         |
| Advertising                               |                |                            |
| Cemetery charges                          |                | 4 00                       |
| Transportation Expenses, &c.              |                |                            |
| Attendance & Assistants                   |                | 2 50                       |
| Amount of Bill                            |                | 22 10                      |
| Amount Brought Forward                    |                | 878 60                     |
| Amount Carried Forward                    |                | 900 60                     |

## PAYMENTS.

Paid



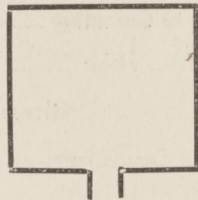
Number of Funeral 14

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 1914

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Peter Hantz  
 Late Residence San Luis, Arizona  
 Age 53 years — months — days.  
 Cause of Death accidental Drowning  
 Certifying Physician Carrion  
 Date of Death Between 8 + 9 of July  
 Date of Burial July 10  
 Funeral at House or Parlor Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription {

on Plate. {

Measurement. {

Length to Heel — feet — in. }  
 Width at Shoulder — }  
 Bill Rendered to —  
 When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                | 10 00           |
| No. Casket                                | Trimming.      | 75 00           |
| No. Handles                               |                |                 |
| No. Plate engraved                        |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                | 5 00            |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of Doz. Chairs                        |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 10 00           |
| Carriages to                              |                |                 |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | 2 50            |
| Amount of Bill                            |                | 104 00          |
| Amount Brought Forward                    |                | 900 60          |
| Amount Carried Forward                    |                | 1004 60         |

## PAYMENTS.

Paid July 13

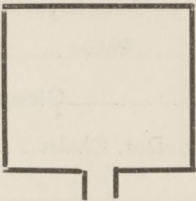


Number of Funeral 15

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Stephen J. KoffLate Residence Glen EllenAge 40 years — months — days.Cause of Death ConsumptionCertifying Physician Alvin ThomsonDate of Death April 16 - 1917Date of Burial 2 19 - 17Funeral at House or House Church.Place of Burial Oakland CemeteryGrave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel — feet — in. }

{ Width at Shoulder — inches }

Bill Rendered to —When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape —Draperies — Candelabra and — Candles.Washing & Laying out Remains, Shaving —Preservation of Remains —No. — Casket. — Trimming.No. — HandlesNo. — Plate engravedOutside Box, (Pine, Chestnut, Oak, Cedar) —Pl't' — H'dl's — Corners on Box.Delivering to Cemetery —No. — Robe —Prs. — Gloves — Linen Scarfs.Use of — Doz. ChairsFlowers —Hearse —Carriages to —Removal PermitExpenses to OaklandAdvertising —Cemetery charges —Transportation Expenses, &c. —Attendance & Assistants —Amount of Bill —Amount Brought Forward —Amount Carried Forward —

## PAYMENTS.

Paid



Be'd



Number of Funeral 17

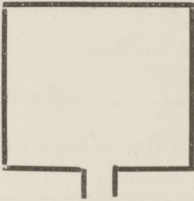
Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Bertie RaycraftLate Residence Trust ValeAge 41 years 9 months 9 days.Cause of Death Tuberculosis of LungsCertifying Physician J B HolmesDate of Death April 25 - 1907Date of Burial 1 28 1907Funeral at House or House Church.Place of Burial Mountains Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. 1 00

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10 00Carriages to Wagon 5 00

Advertising \_\_\_\_\_

Cemetery charges 4 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 20 00Amount Brought Forward 1264 10Amount Carried Forward 1284 10

## PAYMENTS.

Paid



Number of Funeral 18  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Wong Un  
 Late Residence Dreisel Ranch  
 Age 49 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Poisoning of overdose of poison  
 Certifying Physician \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Date of Burial \_\_\_\_\_  
 Funeral at House of \_\_\_\_\_  
 Place of Burial \_\_\_\_\_  
 Grave or Lot No. \_\_\_\_\_  
 Location of Grave \_\_\_\_\_  
 { Draw lines | | | f  
 designate this  
 Show position

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket \_\_\_\_\_ Trimming. 25 00



THE "GRAND PRIZE FOR WINES"  
 AWARDED ST. LOUIS, MO., 1904  
 GOLD MEDAL, PORTLAND, ORE., 1905

**DRESEL & CO.**  
 CARL DRESEL, PROP.  
**California Wines**

EXCLUSIVELY OF SONOMA GROWTH  
 VINEYARDS ESTABLISHED IN 1858

SONOMA, SONOMA CO., CAL.

19

Inscription  
 on Plate.

Measurement.

Bill Rendered to

When Rendered.

MEMORANDUM

Wong Un died about April 20<sup>th</sup> 1907  
Wong Wong (Snyder) died about  
May 1908.

Appl. to: -

F. S. Nagel w

Board of Supervisors  
Santa Rosa.

25 00

1284 10

1309 10

PAYMENTS.

Paid

ITEMS OF EXPENSE.



Number of Funeral 17

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Bertie Raycraft

Late Residence Trust Vale

Age 41 years 9 months 9 days.

Cause of Death Tuberculosis of Lungs

Certifying Physician J B Holmes


Date of Death April 21

Date of Burial 1 2

Funeral at House or Home

Place of Burial Monte

Grave or Lot No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot,  
designate this one with a double Cross  
Show position of monument by ☐.

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_  
Width at Shoulder \_\_\_\_\_

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

PAYMENTS.

Paid

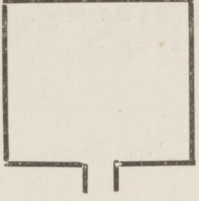


Number of Funeral 18  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Wong Inn  
 Late Residence Desert Ranch  
 Age 49 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Poison of overdose  
 Certifying Physician Wm. Johnson  
 Date of Death May 30 - 1907  
 Date of Burial 31  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 |          |
| No. _____ Casket.                         | Trimming.       | 25 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            | 25 00           |          |
| Amount Brought Forward                    | 1284 10         |          |
| Amount Carried Forward                    | 1309 10         |          |

## PAYMENTS.

*Paid*



Number of Funeral 19

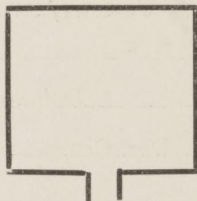
Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Wells GorhamLate Residence DonomaAge 78 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Heart FailureCertifying Physician EastlandDate of Death May 5 - 1907Date of Burial " 7 "Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Permit.

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

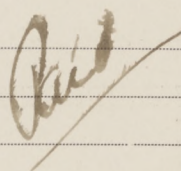
Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



10 00

75 00

5 00

10 00

4 00

104 00

1309 10

1413 10



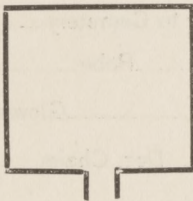
Number of Funeral 20

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 1905

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Clarke  
 Late Residence D.F.  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Heart Failure  
 Certifying Physician Dr. J. H. Johnson  
 Date of Death May 19 - 1905  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial D.F. Cemetery  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_

Regent to Dehor12 00

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 12 00  
 Amount Brought Forward 14 18 10  
 Amount Carried Forward 14 25 10

## PAYMENTS.

Quid



Number of Funeral 21

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Sister Mary E. O'BrienLate Residence Convent MonroeAge 23 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Consumption of L.Certifying Physician Wm. Thomas

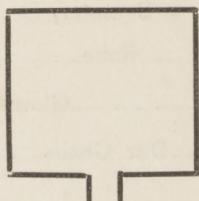
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

65 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

5 00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

70 00

Amount Brought Forward \_\_\_\_\_

1425 10

Amount Carried Forward \_\_\_\_\_

1495 10

## PAYMENTS.

Paid



[illegible]



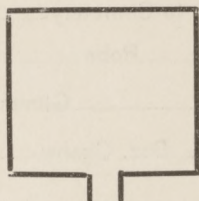
Number of Funeral 23

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James Benson  
 Late Residence P.F.  
 Age 54 years \_\_\_\_\_ months \_\_\_\_\_ days  
 Cause of Death Heart Failure  
 Certifying Physician June 13-1907  
 Date of Death \_\_\_\_\_  
 Date of Burial Sept 16 P.F.  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
Benson 21 00  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 20 00  
 Amount Brought Forward 1603 35  
 Amount Carried Forward 1623 35

## PAYMENTS.

Paid



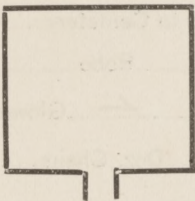
Number of Funeral 24

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 1907

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Platt Lupton  
 Late Residence Sumner  
 Age 60 years — months — days.  
 Cause of Death Alcohol  
 Certifying Physician Carson  
 Date of Death June 12 - 1907  
 Date of Burial 15 "  
 Funeral at House or Parlor Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐.

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 40 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 | 5 00     |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse <u>Hegon</u>                       |                 | 5 00     |
| Carriages to _____                        |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 65 00    |
| Amount Brought Forward                    |                 | 1623 35  |
| Amount Carried Forward                    |                 | 1688 35  |

## PAYMENTS.

|                        |          |
|------------------------|----------|
| <u>June 14 By Cash</u> | 26 00    |
| <u>22 " "</u>          | 15 00    |
| <u>July 12 " "</u>     | 15 00 60 |
| <u>Sept</u>            | 9 00     |
| <u>Chad</u>            | 65 00    |



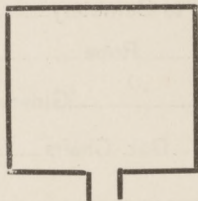
Number of Funeral 25

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs May E Nordin  
 Late Residence Agua Caliente  
 Age 60 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Cancer  
 Certifying Physician Wm Thomson  
 Date of Death June 18-1907  
 Date of Burial " 19 "  
 Funeral at House or Mrs Ess Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 75 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 6 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| 4 Prs. _____ Gloves                       | Linen Scarfs.   | 1 00     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 | 4 00     |
| 1 Carriages to                            |                 |          |
| <u>Opening Grave</u>                      |                 | 10 00    |
| Advertising                               |                 | 6 00     |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 12 00    |
| Amount of Bill                            |                 | 174 00   |
| Amount Brought Forward                    |                 | 1688 35  |
| Amount Carried Forward                    |                 | 1810 35  |

## PAYMENTS.



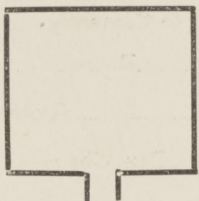
Number of Funeral 26

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Augusta Burghardt  
 Late Residence Glen Elder  
 Age 58 years 4 months \_\_\_\_\_ days.  
 Cause of Death Abcess  
 Certifying Physician A B Curtis  
 Date of Death June 24-1907  
 Date of Burial 26  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mount Olivet Cemetery.  
San Mateo  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. Casket.                               | Trimming.       | 60 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 | 6 00     |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 |          |
| Prs. Gloves                               | Linen Scarfs.   |          |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    | <u>Hagon</u>    | 5 00     |
| Carriages to                              |                 |          |
| <u>Cem. Removal</u>                       |                 | 1 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 8 20     |
| Amount of Bill                            |                 | 181 00   |
| Amount Brought Forward                    |                 | 189 35   |
| Amount Carried Forward                    |                 | 189 35   |

## PAYMENTS.

Paid



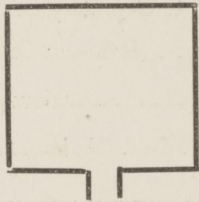
Number of Funeral 1

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 27

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd B. G. Book  
 Late Residence Donoma  
 Age 60 years — months — days.  
 Cause of Death Kicked By Horse  
 Certifying Physician Wm Thomson  
 Date of Death July 4 - 1907  
 Date of Burial " 7 1907  
 Funeral at House or Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape.

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains.

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

\_\_\_\_\_ Carriages to

Permit

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

By cash Joe Ryan25 00




Number of Funeral 2

Be careful to enter name of deceased and number of page in index for future reference

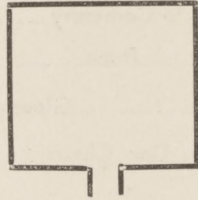
Number for the Current Year 28

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Lacroix  
 Late Residence D.F.  
 Age 56 years — months — days.  
 Cause of Death Heart Failure  
 Certifying Physician A.B. Curtis  
 Date of Death July 8 - 1907  
 Date of Burial Sept 15 D.F.  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }



Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 25 00    |
| No. Casket.                               | Trimming.       | 150 00   |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 6 00     |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 | 25 00    |
| Prs. Gloves                               | Linen Scarfs.   |          |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 5 00     |
| Carriages to                              |                 |          |
| Removal Cost                              |                 | 1 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 17 00    |
| Amount Brought Forward                    |                 | 77 50    |
| Amount Carried Forward                    |                 | 79 50    |

PAYMENTS.

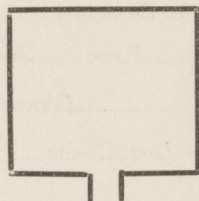
Paid



Number of Funeral 3Number for the Current Year 29

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mable Murphy.Late Residence Glen EllenAge 17 years — months — days.Cause of Death DrownedCertifying Physician D. Breton.Date of Death July 12 - 1907Date of Burial " 13 - "Funeral at House or House Church.Place of Burial Mountain Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —  
 When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies — Candelabra and — Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. — Casket. — Trimming.50 00No. — HandlesNo. — Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' — H'dl's — Corners on Box.

Delivering to Cemetery

No. — RobePrs. — Gloves — Linen Scarfs.Use of — Doz. Chairs

Flowers

Hearse

10 00

Carriages to

opening grave  
city B. Permit10 006 00

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

96 00

Amount Brought Forward

294 50

Amount Carried Forward

370 50

## PAYMENTS.

Paid



Number of Funeral 4Number for the Current Year 30

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Peter WeberLate Residence 27

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician Fredrick Leir

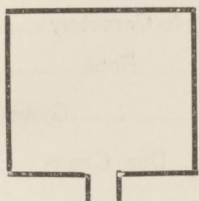
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross + }  
{ Show position of monument by □ }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



Number of Funeral 5

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 31

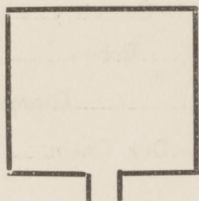
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Muriel Joy CasadyLate Residence DorhamAge 6 years 18 months 18 days.

Cause of Death

Certifying Physician HemmerDate of Death July 20 - 1907Date of Burial " 22 1907Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

Carriages to

City Burial Rent

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.




Number of Funeral 6  
 Number for the Current Year 32

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Amelia Andil  
 Late Residence Londona  
 Age 25 years — months — days.  
 Cause of Death Burned by Fire  
 Certifying Physician Dr. M. Thomson  
 Date of Death July 22 1907  
 Date of Burial 24 "  
 Funeral at House or Church Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross + }  
 { Show position of monument by □ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. Casket.                               | Trimming.       | 100 00   |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 |          |
| Prs. Gloves                               | Linen Scarfs.   | 1 50     |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| Burial Permit                             |                 | 1 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 132 50   |
| Amount Brought Forward                    |                 | 440 00   |
| Amount Carried Forward                    |                 | 572 50   |

## PAYMENTS.



Number of Funeral 7Number for the Current Year 33

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Catharine Copeland

Late Residence

DonoraAge 81 years months days.

Cause of Death

Certifying Physician

E. M. Thomson

Date of Death

July 23 1907

Date of Burial

26

Funeral at House or Church.

House

Place of Burial Cemetery.

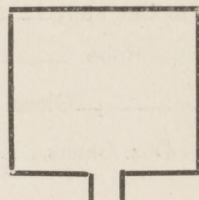
Mountain

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel feet in. }

{ Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving.

Preservation of Remains

No. Casket. Trimming.

No. Handles.

No. Plate engraved.

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves. Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

City B Permit

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid

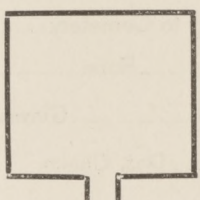


Number of Funeral 8Number for the Current Year 34

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Antonia Frangelli  
 Late Residence El Verano  
 Age 26 years — months — days.  
 Cause of Death Septicemia  
 Certifying Physician Fredrick Leix  
 Date of Death July 24-1907  
 Date of Burial 27  
 Funeral at House or Church Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +  
 Show position of monument by □ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                    |                 |
|---|--------------------|-----------------|
| Door Crape                                |                    |                 |
| Draperies                                 | Candelabra and     | Candles.        |
| Washing & Laying out Remains, Shaving     |                    |                 |
| Preservation of Remains                   |                    | <u>10 00</u>    |
| No. Casket.                               | Trimming.          | <u>100 00</u>   |
| No. Handles                               |                    |                 |
| No. Plate engraved                        |                    |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                    | <u>5 00</u>     |
| Pl't                                      | H'dl's             | Corners on Box. |
| Delivering to Cemetery                    |                    |                 |
| No. Robe                                  |                    | <u>10 00</u>    |
| Prs.                                      | Gloves             | Linen Scarfs.   |
|   |                    | <u>1 50</u>     |
| Use of Doz. Chairs                        |                    |                 |
| Flowers                                   |                    |                 |
| Hearse                                    |                    | <u>10 00</u>    |
| Carriages to                              |                    |                 |
| <u>Ferret</u>                             |                    | <u>1 00</u>     |
| <u>Church</u>                             |                    | <u>10 00</u>    |
| Advertising                               |                    |                 |
| Cemetery charges                          | <u>40 Aug Grav</u> | <u>15 00</u>    |
| Transportation Expenses, &c.              |                    |                 |
| Attendance & Assistants                   |                    | <u>5 00</u>     |
| Amount of Bill                            |                    | <u>167 50</u>   |
| Amount Brought Forward                    |                    | <u>671 50</u>   |
| Amount Carried Forward                    |                    | <u>839 00</u>   |

## PAYMENTS.

Paid



Number of Funeral 9Number for the Current Year 35

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

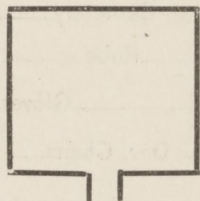
Name of Dec'd John J. WallaceLate Residence P.O.Age 27 years 3 months 10 days.Cause of Death Pulmonary TuberculosisCertifying Physician W.M. ThomsonDate of Death Aug 21 - 1907

Date of Burial

Funeral at House or \_\_\_\_\_ Church.

Place of Burial P.O. Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. }

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 125 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe 10 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse Hagon 5 00

Carriages to \_\_\_\_\_

Advertising Removal fund 1 00

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants 5 00Amount of Bill 151 00Amount Brought Forward 839 00Amount Carried Forward 990 00

## PAYMENTS.

Paid



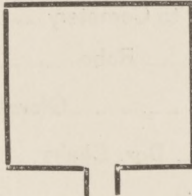
Number of Funeral 10

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 36

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary L. Kearney  
 Late Residence El. Kerans  
 Age 37 years 8 months 17 days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician C. M. Thompson  
 Date of Death Aug 28 1907  
 Date of Burial Aug 30  
 Funeral at House or Catholic Church.  
 Place of Burial 7 Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {  
 Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |                |
|---|-----------------|----------------|
| Door Crape                                |                 |                |
| Draperies                                 | Candelabra and  | Candles.       |
| Washing & Laying out Remains, Shaving     |                 |                |
| Preservation of Remains                   |                 |                |
| No. _____ Casket.                         | Trimming.       | <u>75 00</u>   |
| No. _____ Handles                         |                 |                |
| No. _____ Plate engraved                  |                 |                |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>5 00</u>    |
| Pl't _____ H'dl's _____                   | Corners on Box. |                |
| Delivering to Cemetery                    |                 |                |
| No. _____ Robe                            |                 | <u>6 50</u>    |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |                |
| Use of _____ Doz. Chairs                  |                 |                |
| Flowers                                   |                 | <u>10 00</u>   |
| Hearse                                    |                 |                |
| Carriages to                              |                 |                |
| <u>Permit</u>                             |                 | <u>1 00</u>    |
| Advertising                               |                 |                |
| Cemetery charges                          |                 |                |
| Transportation Expenses, &c.              |                 |                |
| Attendance & Assistants                   |                 |                |
| Amount of Bill                            |                 | <u>97 50</u>   |
| Amount Brought Forward                    |                 | <u>990 00</u>  |
| Amount Carried Forward                    |                 | <u>1087 50</u> |

## PAYMENTS.

Paid



Number of Funeral 11

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 37

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Bernard VannucciLate Residence D.F.

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

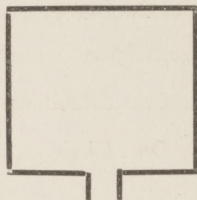
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by ☐. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



Number of Funeral 12  
Number for the Current Year 38

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph Mionchi  
Late Residence Mapa Asylum  
Age 69 years — months — days.  
Cause of Death Cerebrosis of liver  
Certifying Physician J Mc Doherty  
Date of Death Sept. 6 - 1907  
Date of Burial " 9 "  
Funeral at House or Parlor Church.  
Place of Burial Valley Cemetery.  
Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
{ designate this one with a double Cross ‡. }  
{ Show position of monument by □. }

Inscription  
on Plate.

Measurement. { Length to Heel ..... feet ..... in. }  
 { Width at Shoulder..... }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

|  |      |    |
|--|------|----|
| Door Crape.....                                |      |    |
| Draperies.....Candelabra and.....Candles.      |      |    |
| Washing & Laying out Remains, Shaving.....     |      |    |
| Preservation of Remains.....                   | 10   | 00 |
| No.....Casket. ....Trimming.                   | 25   | 00 |
| No.....Handles.....                            |      |    |
| No.....Plate engraved.....                     |      |    |
| Outside Box, (Pine, Chestnut, Oak, Cedar)..... | 5    | 00 |
| .....Pl't'.....H'dl's.....Corners on Box.      |      |    |
| Delivering to Cemetery.....                    |      |    |
| No.....Robe.....                               | 6    | 00 |
| .....Prs.....Gloves.....Linen Scarfs.          |      |    |
| Use of.....Doz. Chairs.....                    |      |    |
| Flowers.....                                   |      |    |
| Hearse.....                                    | 10   | 00 |
| Carriages to.....                              |      |    |
| Burial Permit                                  | 1    | 00 |
| trip to Napa                                   | 15   | 00 |
| Phone  | 1    | 00 |
| Minister                                       | 2    | 00 |
| Advertising Removal Permit                     | 2    | 00 |
| Cemetery charges sexton,                       | 10   | 00 |
| Transportation Expenses, &c.....               |      |    |
| Attendance & Assistants.....                   | 5    | 00 |
| Amount of Bill.....                            | 142  | 00 |
| Amount Brought Forward.....                    | 1103 | 50 |
| Amount Carried Forward.....                    | 1245 | 50 |

## PAYMENTS.

ITEMS OF EXPENSE.

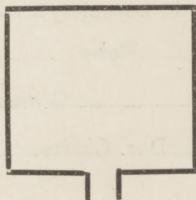


Number of Funeral 13

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 39

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Margdalena FisherLate Residence DonomaAge 70 years — months — days.Cause of Death CancerCertifying Physician Em ThompsonDate of Death Sept 21 - 1907Date of Burial " 23 - "Funeral at House or Home Church.Place of Burial Valley Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by ☐. }

Inscription {

on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies — Candelabra and — Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. — Casket. — Trimming.No. — HandlesNo. — Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' — H'd'l's — Corners on Box.

Delivering to Cemetery

No. — RobePrs. — Gloves — Linen Scarfs.Use of — Doz. Chairs

Flowers

Hearse

Carriages to

Permit

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

Paid



Number of Funeral 14

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 40

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mr BeckerLate Residence D.F.

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

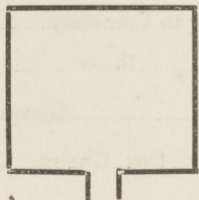
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
on Plate. {Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid




Number of Funeral 15

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 41

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Peter Hein  
 Late Residence Donora  
 Age 63 years — months — days.  
 Cause of Death Tubercle  
 Certifying Physician Donora  
 Date of Death Oct 9  
 Date of Burial 13  
 Funeral at House or Parlor Church.  
 Place of Burial Mount Zion Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. Casket.                               | Trimming.       | 60 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 | 5 00     |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 |          |
| Prs. Gloves                               | Linen Scarfs.   | 1 50     |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Funeral</u>                            |                 | 10 00    |
| <u>Permit</u>                             |                 | 1 00     |
| <u>Mortuary</u>                           |                 | 25 00    |
| <u>Advertising</u>                        |                 | 1 40     |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 101 40   |
| Amount Brought Forward                    |                 | 136 25   |
| Amount Carried Forward                    |                 | 146 65   |

## PAYMENTS.

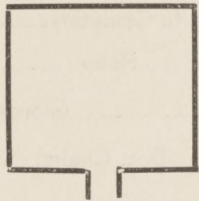
|                |    |
|----------------|----|
| <u>By cash</u> | 50 |
|----------------|----|



Number of Funeral 16Number for the Current Year 42

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Amanda CoshenLate Residence Glen EllenAge 84 years — months — days.Cause of Death Old ageCertifying Physician Dr. DuponDate of Death Oct 26 - 1907Date of Burial 27Funeral at House or House Church.Place of Burial Mountain Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel — feet — in. }Width at Shoulder — }Bill Rendered to —When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape —Draperies — Candelabra and — Candles.Washing & Laying out Remains, Shaving —Preservation of Remains —No. — Casket. — Trimming.No. — Handles —No. — Plate engraved —Outside Box, (Pine, Chestnut, Oak, Cedar) —Pl't' — H'dl's — Corners on Box.Delivering to Cemetery —No. — Robe —Prs. — Gloves — Linen Scarfs.Use of — Doz. Chairs —Flowers —Hearse —Carriages to —

opening grave  
City B. B. B. B.  
Minister

Advertising —Cemetery charges —Transportation Expenses, &c. —Attendance & Assistants —Amount of Bill —Amount Brought Forward —Amount Carried Forward —

## PAYMENTS.

Paid



Number of Funeral 17

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 43

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Mary Donahue

Late Residence

Embarcadero

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death

Certifying Physician

Hager

Date of Death

Oct 30-1907

Date of Burial

Nov 1

Funeral at House or

Catholic

Church.

Place of Burial

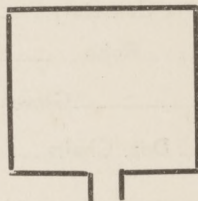
"

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 { }

Bill Rendered to

When Rendered

MEMORANDUM.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket.

Trimming.

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't'

H'dl's

Corners on Box.

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Bernard

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid

ITEMS OF EXPENSE.

10 00  
 125 00

5 00

10 00

1 50

10 00

1 00

162 50  
 1572 65  
 1735 15

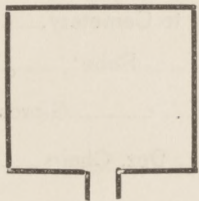


Number of Funeral 18  
 Number for the Current Year 44

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Comaneta  
 Late Residence D. F.  
 Age 20 years 7 months 22 days.  
 Cause of Death Natural Infancy  
 Certifying Physician J. B. Mitchell  
 Date of Death \_\_\_\_\_  
 Date of Burial Nov 1 1907  
 Funeral at House or Calhoun Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. }  
 Show position of monument by ☐.

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. _____ Casket.                         |                | Trimming.       |
| No. _____ Handles                         |                |                 |
| No. _____ Plate engraved                  |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| _____ Pl't' _____ H'dl's _____            |                | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. _____ Robe                            |                |                 |
| _____ Prs. _____ Gloves _____             |                | Linen Scarfs.   |
| Use of _____ Doz. Chairs                  |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 10 00           |
| Carriages to <u>Wagon</u>                 |                | 5 00            |
| <u>Burial Point</u>                       |                | 1 00            |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | 5 00            |
| Amount of Bill                            |                | 21 00           |
| Amount Brought Forward                    |                | 1735 15         |
| Amount Carried Forward                    |                | 1756 15         |

## PAYMENTS.

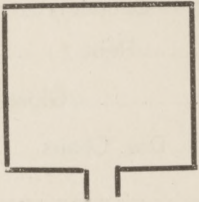


Number of Funeral 19  
 Number for the Current Year 45

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Oliver F. Noel  
 Late Residence Donoma  
 Age 49 years — months — days.  
 Cause of Death Chancrona of Brest  
 Certifying Physician E.M. Thomson  
 Date of Death Nov 11-1907  
 Date of Burial 15 "  
 Funeral at House or Shipped to Church.  
 Place of Burial Eureka Cal Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     |                         |
| Preservation of Remains                   | <u>25 00</u>            |
| No. Casket                                | <u>100 00</u>           |
| Trimming                                  |                         |
| No. Handles                               |                         |
| No. Plate engraved                        | <u>6 00</u>             |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                         |
| Pl't' H'dl's Corners on Box.              |                         |
| Delivering to Cemetery                    |                         |
| No. Robe                                  |                         |
| Prs. Gloves Linen Scarfs.                 |                         |
| Use of Doz. Chairs                        |                         |
| Flowers                                   |                         |
| Hearse <u>Wagon</u>                       | <u>5 00</u>             |
| Carriages to <u>Remove Bent S.F.</u>      | <u>1 00</u>             |
| <u>Ticket Eureka</u>                      | <u>1 50</u>             |
| <u>ticket S.F.</u>                        | <u>10 00</u>            |
| <u>City Express</u>                       | <u>2 50</u>             |
| Advertising <u>1 day in S.F.</u>          | <u>5 00</u>             |
| Cemetery charges <u>Express "</u>         | <u>2 50</u>             |
| Transportation Expenses, &c.              |                         |
| Attendance & Assistants                   | <u>5 00</u>             |
| Amount of Bill                            | <u>163 50</u>           |
| Amount Brought Forward                    | <u>1956 15</u>          |
| Amount Carried Forward                    | <u>1919 65</u>          |

## PAYMENTS.

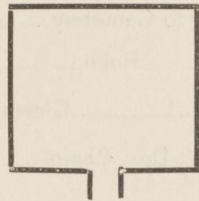


Number of Funeral 20  
 Number for the Current Year 46

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Ralph E. Shaw  
 Late Residence Donora  
 Age 9 years 1 months 11 days.  
 Cause of Death Cerebral Spinal Meningitis  
 Certifying Physician Alfred Leake  
 Date of Death Dec 20 1967  
 Date of Burial 22  
 Funeral at House or Parlor Church.  
 Place of Burial Monteiri Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave   
 { Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. {  
 Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 3 00     |
| No. Casket                                | Trimming        | 45 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 |          |
| Prs. Gloves                               | Linen Scarfs.   |          |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Bennett</u>                            |                 | 6 00     |
| <u>4th glove</u>                          |                 | 1 00     |
| <u>tu</u>                                 |                 | 25       |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 72 15    |
| Amount Brought Forward                    |                 | 1919 65  |
| Amount Carried Forward                    |                 | 2001 90  |

PAYMENTS.

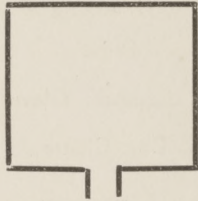


Number of Funeral 21Number for the Current Year 47

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Elie Francis Hies  
 Late Residence Donoma  
 Age 5 years 8 months — days.  
 Cause of Death Cerebral spinal meningitis  
 Certifying Physician Fredrick G. G. G.  
 Date of Death Dec 24 1907  
 Date of Burial " 26 "  
 Funeral at House or Parlor Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Ceme'tery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.



1908

179

Number of Funeral 1Number for the Current Year 48

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Sam Banachoni

Late Residence

Jonona

Age

7

years

months

days

Cause of Death

Pneumonia

Certifying Physician

G.M. Thomson

Date of Death

Jan 5 1908

Date of Burial

Jan 7

Funeral at House or

Church

Church

Place of Burial

Catholic

Cemetery

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross + }  
 { Show position of monument by □ }

Inscription

on Plate

Measurement

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket

Trimming

25 00

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

5 00

Pl't

H'dl's

Corners on Box

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs

1 50

Use of

Doz. Chairs

Flowers

Hearse

10 00

Carriages to

Permit1 00

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

5 00

Amount of Bill

47 50

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid in full

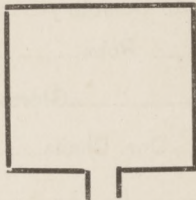


Number of Funeral 2Number for the Current Year 49

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Rockini Cassa  
 Late Residence Sonoma  
 Age 43 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Gunsight wound self-inflicted  
 Certifying Physician Corvus Rudich  
 Date of Death Jan 7 - 1908  
 Date of Burial Jan 9 1908  
 Funeral at House or Parlor Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |               |
|---|---------------|
| Door Crape                                    |               |
| Draperies _____ Candelabra and _____ Candles. |               |
| Washing & Laying out Remains, Shaving         | <u>10 00</u>  |
| Preservation of Remains                       |               |
| No. _____ Casket. _____ Trimming.             | <u>50 00</u>  |
| No. _____ Handles                             |               |
| No. _____ Plate engraved                      |               |
| Outside Box, (Pine, Chestnut, Oak, Cedar)     | <u>5 00</u>   |
| Pl't' _____ H'dl's _____ Corners on Box.      |               |
| Delivering to Cemetery                        |               |
| No. _____ Robe                                | <u>6 00</u>   |
| Prs. _____ Gloves _____ Linen Scarfs.         |               |
| Use of _____ Doz. Chairs                      |               |
| Flowers                                       |               |
| Hearse  | <u>10 00</u>  |
| Carriages to <u>Wagon &amp; Help</u>          | <u>10 00</u>  |
| <u>Minister</u>                               | <u>2 50</u>   |
| Advertising                                   |               |
| Cemetery charges                              | <u>6 00</u>   |
| Transportation Expenses, &c.                  |               |
| Attendance & Assistants                       |               |
| Amount of Bill                                | <u>99 50</u>  |
| Amount Brought Forward                        | <u>47 50</u>  |
| Amount Carried Forward                        | <u>147 00</u> |

## PAYMENTS.

Paid in full

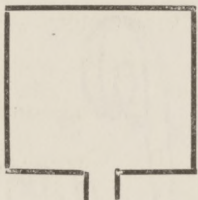


Number of Funeral 3  
 Number for the Current Year 50

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Art Peterson  
 Late Residence Agua Caliente  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
 Cause of Death \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Date of Death Feb. 11 - 1908  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Oakland Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                | 10 00           |
| No. Casket.                               | Trimming.      | 25 00           |
| No. Handles                               |                |                 |
| No. Plate engraved                        |                | 5 00            |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                | 8 00            |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz. Chairs    |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| <u>Wagon to Dept.</u>                     |                | 5 00            |
| <u>Removal Remt</u>                       |                | 1 00            |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            |                | 105 00          |
| Amount Brought Forward                    |                | 147 00          |
| Amount Carried Forward                    |                | 252 00          |

## PAYMENTS.

|                |             |       |
|----------------|-------------|-------|
| <u>Feb. 21</u> | <u>cash</u> | 15 00 |
| <u>" 27</u>    | <u>"</u>    | 45 00 |
| <u>est</u>     | <u>"</u>    | 30 00 |



[illegible]



*San Francisco City 17-08*

*To whom it may concern*

*This is to certify that the remains of the late William Still have been embalmed and are in a proper sanitary condition for shipment*

*Signed*  
*Dunkert Lunt*  
*By G.W. Lunt*

Length to feet ..... feet ..... in. /

THIS PERMIT MUST BE MAILED TO HEALTH  
OFFICE AT PLACE OF DESTINATION



Brown & Power Co.

(TRIPLICATE)

## REMOVAL PERMIT

DEPARTMENT OF PUBLIC HEALTH, CITY HALL

SAN FRANCISCO, CAL., *Feb 17th* 190*8*

Permission is hereby given for the Removal of the Remains of .....

*William Still*

Sex *Male* Race *White* Aged *57* Years ..... Months ..... Days

Place of Birth *Scotland* Died *Feb 15th 1908* 190.....

Place of Death *St. Luke's Hospital*

Cause of Death *Adeno carcinoma of Stomach*

To *Sonoma cal.* *C.G. Kenyon* Physician

Date of Removal *Feb 17* 190*8* *Herbert Gunn M.D.* Health Officer

ALL ALTERATIONS MUST BE OFFICIALLY MADE AT HEALTH OFFICE



William Still

Robt a Poppe

see

(Length to Heel

feet

in.)

1844-1845

1844-1845

1844-1845



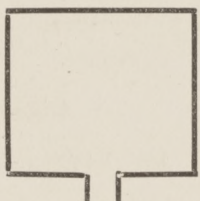
Number of Funeral 5Number for the Current Year 52

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd A Peterson.Late Residence Elk River.Age 50 years — months — days.Cause of Death Pulmonary TuberculosisCertifying Physician F. Lenz M.D.Date of Death March 1st 1908Date of Burial 3 ..Funeral at House or Parlor Church.Place of Burial Valley Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription  
on Plate.

Measurement. { Length to Heel — feet — in. }  
{ Width at Shoulder — }  
Bill Rendered to —

When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving.

Preservation of Remains.

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

opening graveReburialWagon twicemonuments

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

10 00

40 00

6 00

2 50

1 00

10 00

1 00

2 50

73 00

282 50

355 50

## PAYMENTS.

Paid in full

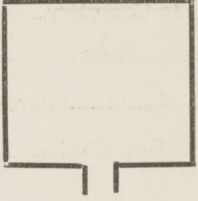


Number of Funeral 6  
 Number for the Current Year 53

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross-out printed items not furnished.)

Name of Dec'd C. P. Spurgeon  
 Late Residence London  
 Age 87 years — months — days.  
 Cause of Death Old age  
 Certifying Physician A. M. Thomson  
 Date of Death March 9 - 1908  
 Date of Burial " 11 "  
 Funeral at House or Parlor Church.  
 Place of Burial Cremated Oakland Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |               |
|---|-----------------|---------------|
| Door Crape                                |                 |               |
| Draperies                                 | Candelabra and  | Candles.      |
| Washing & Laying out Remains, Shaving     |                 |               |
| Preservation of Remains.                  |                 |               |
| No. Casket.                               | Trimming.       | <u>30 00</u>  |
| No. Handles                               |                 |               |
| No. Plate engraved                        |                 |               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>2 00</u>   |
| Pl't' H'dl's                              | Corners on Box. |               |
| Delivering to Cemetery                    |                 |               |
| No. Robe                                  |                 | <u>8 00</u>   |
| Prs. Gloves                               | Linen Scarfs.   |               |
| Use of Doz. Chairs                        |                 |               |
| Flowers                                   |                 |               |
| Hearse                                    |                 |               |
| Carriages to                              |                 |               |
| <u>Funeral Home</u>                       |                 | <u>1 00</u>   |
| <u>Phone</u>                              |                 | <u>70</u>     |
| Advertising                               |                 |               |
| Cemetery charges                          |                 |               |
| Transportation Expenses, &c.              |                 |               |
| Attendance & Assistants                   |                 | <u>2 50</u>   |
| Amount of Bill                            |                 | <u>44 10</u>  |
| Amount Brought Forward                    |                 | <u>355 50</u> |
| Amount Carried Forward                    |                 | <u>399 70</u> |

## PAYMENTS.

Paid

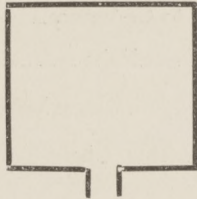


Number of Funeral 7  
 Number for the Current Year 54

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Supana Drueh  
 Late Residence D. 7  
 Age 82 years 10 months 6 days.  
 Cause of Death Lobar Pneumonia  
 Certifying Physician Roche J. M.D.  
 Date of Death March 9 1908  
 Date of Burial 2 11  
 Funeral at House or Cemetery Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
 on Plate. {  
 Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. Casket.                               |                | Trimming.       |
| No.                                       | Handles        |                 |
| No.                                       | Plate engraved |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No.                                       | Robe           |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz. Chairs    |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 10 00           |
| Carriages to                              |                | 5 50            |
| Box on cemetery                           |                | 50              |
| Mountain                                  |                | 2 50            |
| grave                                     |                | 10 80           |
| Advertising                               |                | 2 50            |
| Cemetery charges                          |                | 4 00            |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | 2 50            |
| Amount of Bill                            |                | 39 80           |
| Amount Brought Forward                    |                | 399 70          |
| Amount Carried Forward                    |                | 439 50          |

PAYMENTS.

Paid



Number of Funeral 8

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 55

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Antoni Bossi

Late Residence

El VanoAge 58 years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death

Natural causes Heart Disease

Certifying Physician

F. L. Blackburn M.D.

Date of Death

Mar 17 - 1908

Date of Burial

20 1908

Funeral at House or

Catholic

Church.

Place of Burial

Mountain

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross + }  
 { Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. \_\_\_\_\_ Casket.

Trimming.

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

\_\_\_\_\_ Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

Paid.

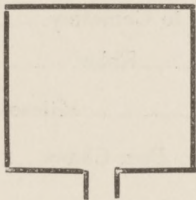


Number of Funeral 9  
 Number for the Current Year 56

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd William Young  
 Late Residence Longview Station  
 Age 32 years — months — days.  
 Cause of Death Nervous Exhaustion  
 Certifying Physician C. Eastland  
 Date of Death March 18 - 1908  
 Date of Burial Body shipped to  
 Funeral at House or Canton Ohio Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles.  
 No. \_\_\_\_\_ Plate engraved.  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 \_\_\_\_\_ Carriages to \_\_\_\_\_  
 \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_ 150 00  
 Amount Brought Forward \_\_\_\_\_ 541 50  
 Amount Carried Forward \_\_\_\_\_ 721 50

## PAYMENTS.

Paid

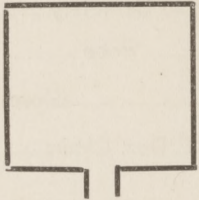


Number of Funeral 10

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 57

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Edward J. Mc GarityLate Residence El VeranoAge 45 years — months — days.Cause of Death Endocarditis AcuteCertifying Physician Fredrick LeixDate of Death March 22-1908Date of Burial " 24 1908Funeral at House or Parlors Church.Place of Burial Village Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies — Candelabra and — Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. — Casket. — Trimming.No. — HandlesNo. — Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' — H'dl's — Corners on Box.

Delivering to Cemetery

No. — RobePrs. — Gloves — Linen Scarfs.Use of — Doz. Chairs

Flowers

Hearse

Carriages to —Advertising MemorandaCemetery charges opening grave

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

Paid




Number of Funeral 11

Be careful to enter name of deceased and number of page in index for future reference

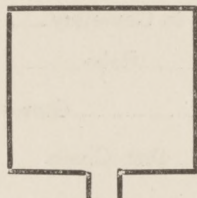
Number for the Current Year 58

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Thomas Lea  
 Late Residence El Verano  
 Age 85 years - months - days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician Dr. M. Thomson  
 Date of Death March 30 1908  
 Date of Burial April 2 1908  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Oakland Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +  
 Show position of monument by □ }



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving.    |                |                 |
| Preservation of Remains.                  |                | 10 00           |
| No. Casket.                               | Trimming.      | 75 00           |
| No. Handles                               |                |                 |
| No. Plate engraved.                       |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                | 6 00            |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz. Chairs    |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| Lead mason                                |                | 5 00            |
| Removal funeral                           |                | 1 00            |
| Expense to Oakland                        |                | 7 50            |
| Advertising                               |                |                 |
| Cemetery charges                          |                | 8 00            |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | 2 50            |
| Amount of Bill                            |                | 115 00          |
| Amount Brought Forward                    |                | 821 50          |
| Amount Carried Forward                    |                | 936 50          |

## PAYMENTS.

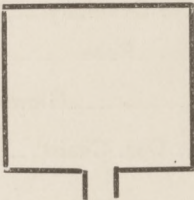
Paid



Number of Funeral 12Number for the Current Year 58

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd BrooksLate Residence 44 Bluff.Age 58 years — months — days.Cause of Death Chronic MyocarditisCertifying Physician John FifeDate of Death April 3 - 1908Date of Burial April 7 1908Funeral at House or Parlors Church.Place of Burial Mountain Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel — feet — in. }

{ Width at Shoulder — } }

Bill Rendered to —When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies — Candelabra and — Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. — Casket. — Trimming.No. — HandlesNo. — Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

— Pl't — H'dl's — Corners on Box.

Delivering to Cemetery

No. — Robe— Prs. — Gloves — Linen Scarfs.Use of — Doz. Chairs

Flowers

Hearse

Carriages to —TelegramExpress chargesRayonMr. Fickert's Bill

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

Paid




Number of Funeral 13Number for the Current Year 57

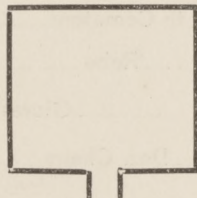
Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Aren Sever  
 Late Residence Glen Ellen  
 Age 72 years 1 months 10 days.  
 Cause of Death Cancer of Liver  
 Certifying Physician C. M. Thomson  
 Date of Death April 9 - 1908  
 Date of Burial " 11 1908  
 Funeral at House or Church Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +  
 Show position of monument by □. }



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                            |          |
|---|----------------------------|----------|
| Door Crape                                |                            |          |
| Draperies                                 | Candelabra and             | Candles. |
| Washing & Laying out Remains, Shaving     |                            |          |
| Preservation of Remains                   |                            | 10 00    |
| No. _____ Casket.                         | Trimming.                  | 60 00    |
| No. _____ Handles                         |                            |          |
| No. _____ Plate engraved                  |                            |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                            | 6 00     |
| Pl't _____ H'dl's _____                   | Corners on Box.            |          |
| Delivering to Cemetery                    |                            |          |
| No. _____ Robe                            |                            |          |
| _____ Prs. _____                          | Gloves _____ Linen Scarfs. | 2 00     |
| Use of _____ Doz. Chairs                  |                            |          |
| Flowers                                   |                            |          |
| Hearse                                    |                            | 10 00    |
| Carriages to _____                        |                            |          |
| Advertising                               |                            |          |
| Cemetery charges                          |                            | 16 00    |
| Transportation Expenses, &c.              |                            |          |
| Attendance & Assistants                   |                            |          |
| Amount of Bill                            |                            | 104 00   |
| Amount Brought Forward                    |                            | 1112 00  |
| Amount Carried Forward                    |                            | 1216 00  |

## PAYMENTS.

Paid




Number of Funeral 14Number for the Current Year 60

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Leah BononeLate Residence DonomaAge 9 years 9 months — days.Cause of Death Bronchitis PneumoniaCertifying Physician Dr. J. J. Lin M.D.Date of Death April 18 - 1908Date of Burial " 21 1908Funeral at House or Catholic Church.Place of Burial " Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



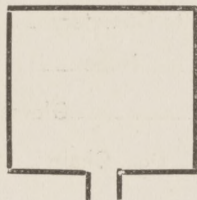
Number of Funeral 15

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 61

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph T. Bedeans  
 Late Residence Glen Ellen  
 Age 73 years — months — days.  
 Cause of Death Neglect of Grapple Heart  
 Certifying Physician Dr. E. E. E. E.  
 Date of Death April 24 - 1908  
 Date of Burial " 26 1908  
 Funeral at House or Catholic Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — } }

Bill Rendered to —When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     |                         |
| Preservation of Remains                   |                         |
| No. Casket.                               | Trimming. <u>40 00</u>  |
| No. Handles                               |                         |
| No. Plate engraved                        |                         |
| Outside Box, (Pine, Chestnut, Oak, Cedar) | <u>6 00</u>             |
| Pl't' H'dl's                              | Corners on Box.         |
| Delivering to Cemetery                    |                         |
| No. Robe                                  |                         |
| Prs. Gloves                               | Linen Scarfs.           |
| Use of Doz. Chairs                        |                         |
| Flowers                                   |                         |
| Hearse                                    | <u>10 00</u>            |
| Carriages to                              | <u>4 00</u>             |
| <u>canals</u>                             | <u>1 00</u>             |
| Advertising                               |                         |
| Cemetery charges                          | <u>11 00</u>            |
| Transportation Expenses, &c.              | <u>7 58</u>             |
| Attendance & Assistants                   | <u>2 50</u>             |
| Amount of Bill                            | <u>82 00</u>            |
| Amount Brought Forward                    | <u>1257 00</u>          |
| Amount Carried Forward                    | <u>1339 00</u>          |

## PAYMENTS.

Paid



Number of Funeral 16Number for the Current Year 62

Be careful to enter name of deceased and number of page in index for future reference.

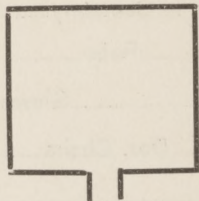
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Ch. Hong WongLate Residence Diesel RanchAge 60 years — months — days.Cause of Death over dose of OpiumCertifying Physician OSM T. KormanDate of Death April 27-Date of Burial 28

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Valley Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 18 50

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 18 50Amount Brought Forward 1339 00Amount Carried Forward 1357 50

## PAYMENTS.

Paid



Number of Funeral 17Number for the Current Year 63

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Lizzie S. HillLate Residence St Helena

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Cause of Death Chronic BronchitisCertifying Physician H F Rand M.D.

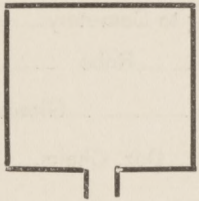
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave { Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by ☐ }Inscription {  
on Plate. {Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. Casket.                               |                | Trimming.       |
| No.                                       | Handles        |                 |
| No.                                       | Plate engraved |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                | 6 00            |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No.                                       | Robe           |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz. Chairs    |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 10 00           |
| Carriages to                              |                | 9 50            |
|   |                |                 |
|   |                | 1 00            |
| Advertising                               |                |                 |
| Cemetery charges                          |                | 14 00           |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | 5 00            |
| Amount of Bill                            |                | 45 50           |
| Amount Brought Forward                    |                | 1357 50         |
| Amount Carried Forward                    |                | 1403 00         |

## PAYMENTS.

Paid

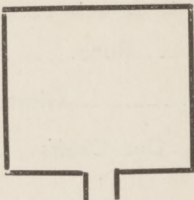


Number of Funeral 18  
 Number for the Current Year 64

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Albena Chapman  
 Late Residence Imona  
 Age 21 years 11 months 11 days.  
 Cause of Death Shock & Hemorrhage due to labor  
 Certifying Physician C. J. Schreeley  
 Date of Death May 8 - 1908  
 Date of Burial 4 10 1908  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 65 00    |
| No. _____ Handles.                        |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' _____ H'd'l's _____                 | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 2 00     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 | 12 00    |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 2 50     |
| Amount of Bill                            |                 | 111 40   |
| Amount Brought Forward                    |                 | 1443 00  |
| Amount Carried Forward                    |                 | 1514 40  |

## PAYMENTS.

*Paid*



Number of Funeral 19Number for the Current Year 65

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd *Oliver Hiser*

Late Residence.....

Age 11 years 4 months    days.

Cause of Death *Cerebral spinal Mening*

Certifying Physician *Frederick L. Davis M.D.*

Date of Death May 10 - 1908

Date of Burial....." 12 1968

Funeral at House or Parlor Church.

Place of Burial.....*Mountain*.....Cemetery.

Grave or Lot No. .... Section No. ....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription { \_\_\_\_\_  
on Plate. { \_\_\_\_\_

Measurement. { Length to Heel ..... feet ..... in. }  
 { Width at Shoulder ..... }

Bill Rendered to .....

When Rendered .....

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape .....

Draperies.....Candelabra and.....Candles.

Washing &amp; Laying out Remains, Shaving.....

Preservation of Remains.....

No.          Casket.          Trimming. 45 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. .... Plate engraved .....

Outside Box, (Pine, Chestnut, Oak, Cedar) ..... \$ 00

Pl't' H'dl's Corners on Box.

Delivering to Cemetery.....

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. .... Gloves ..... Linen Scarfs. .... 1 00

Use of ..... Doz. Chairs.....

Flowers.....

|        |       |
|--------|-------|
| Hearse | 10 00 |
|--------|-------|

Carriages to .....

Advertising .....

|                        |      |
|------------------------|------|
| Cemetery charges ..... | 4 00 |
|------------------------|------|

[illegible]

Attendance &amp; Assistants .....

Amount of Bill ..... 70 00

|                             |      |    |
|-----------------------------|------|----|
| Amount Brought Forward..... | 1514 | 40 |
|-----------------------------|------|----|

Amount Carried Forward..... 1684 40

## PAYMENTS.

|       |    |    |
|-------|----|----|
| Bread | 20 | 00 |
|-------|----|----|



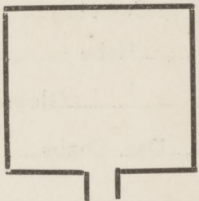
Number of Funeral 20

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 66

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph Leononi  
 Late Residence Baldwin Mountain Colo  
 Age 44 years — months — days.  
 Cause of Death Brushed in mine cave  
 Certifying Physician Corvino  
 Date of Death May 10 - 1908  
 Date of Burial 16 1908  
 Funeral at House or Catholic Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape —  
 Draperies — Candelabra and — Candles.  
 Washing & Laying out Remains, Shaving —  
 Preservation of Remains —  
 No. — Casket. — Trimming.  
— No. — Handles  
 No. — Plate engraved  
 Outside Box, (Pine, Chestnut, Oak, Cedar) —  
— Pl't' — H'dl's — Corners on Box.  
 Delivering to Cemetery —  
 No. — Robe —  
— Prs. — Gloves — Linen Scarfs.  
 Use of — Doz. Chairs  
 Flowers —  
 Hearse —  
— Carriages to —

Advertising —Cemetery charges —Transportation Expenses, &c. —Attendance & Assistants —Amount of Bill —Amount Brought Forward —Amount Carried Forward —25 0028 601584 401609 40

## PAYMENTS.

Paid

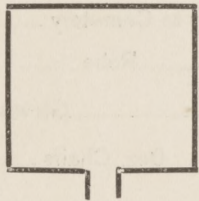


Number of Funeral 21Number for the Current Year 67

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Volma Dias  
 Late Residence Donome  
 Age 24 years 2 1/2 months  days.  
 Cause of Death Acute Gastritis  
 Certifying Physician O.W. Thomson  
 Date of Death May 18  
 Date of Burial " 20  
 Funeral at House or Catholic Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No.  Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 designate this one with a double Cross † }  
 Show position of monument by □.

Inscription {  
 on Plate. {

Measurement. { Length to Heel  feet  in. }  
 { Width at Shoulder  }  
 Bill Rendered to

When Rendered 

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     |                         |
| Preservation of Remains                   |                         |
| No. Casket.                               | Trimming. <u>15 00</u>  |
| No. Handles                               |                         |
| No. Plate engraved                        |                         |
| Outside Box, (Pine, Chestnut, Oak, Cedar) | <u>2 50</u>             |
| Pl't' H'dl's                              | Corners on Box.         |
| Delivering to Cemetery                    |                         |
| No. Robe                                  |                         |
| Prs. Gloves                               | Linen Scarfs.           |
| Use of Doz. Chairs                        |                         |
| Flowers                                   |                         |
| Hearse                                    |                         |
| Carriages to                              | <u>4 00</u>             |
| Advertising                               |                         |
| Cemetery charges                          | <u>1 00</u>             |
| Transportation Expenses, &c.              |                         |
| Attendance & Assistants                   | <u>2 50</u>             |
| Amount of Bill                            | <u>25 00</u>            |
| Amount Brought Forward                    | <u>1609 40</u>          |
| Amount Carried Forward                    | <u>1634 40</u>          |

## PAYMENTS.

Paid



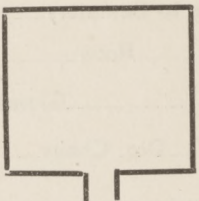
Number of Funeral 68

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 22

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Jasna Chauvet  
 Late Residence Glen Ellen  
 Age 85 years 10 months 2 days.  
 Cause of Death Old Age, G. Break Down  
 Certifying Physician Ed. Grefen M.D.  
 Date of Death May 22 1908  
 Date of Burial " 24 1908  
 Funeral at House or Catholic Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate: {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |                      |
|---|-----------------|----------------------|
| Door Crape                                |                 |                      |
| Draperies                                 | Candelabra and  | Candles. <u>2 00</u> |
| Washing & Laying out Remains, Shaving     |                 |                      |
| Preservation of Remains                   |                 | <u>10 00</u>         |
| No. _____ Casket.                         | Trimming.       | <u>75 00</u>         |
| No. _____ Handles                         |                 |                      |
| No. _____ Plate engraved                  |                 |                      |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>6 00</u>          |
| Pl't' _____ H'dl's _____                  | Corners on Box. |                      |
| Delivering to Cemetery                    |                 |                      |
| No. _____ Robe                            |                 |                      |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | <u>2 00</u>          |
| Use of _____ Doz. Chairs                  |                 |                      |
| Flowers                                   |                 | <u>10 00</u>         |
| Hearse                                    |                 | <u>8 00</u>          |
| Carriages to                              |                 |                      |
| Advertising                               |                 |                      |
| Cemetery charges                          |                 | <u>14 00</u>         |
| Transportation Expenses, &c.              |                 |                      |
| Attendance & Assistants                   |                 | <u>5 00</u>          |
| Amount of Bill                            |                 | <u>132 00</u>        |
| Amount Brought Forward                    |                 | <u>1634 40</u>       |
| Amount Carried Forward                    |                 | <u>1766 40</u>       |

## PAYMENTS.

Paid

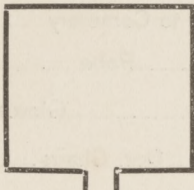


Number of Funeral 69Number for the Current Year 23

Be careful to enter name of deceased and number or page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd N.S. Bernard  
 Late Residence Sonoma  
 Age 85 years — months — days.  
 Cause of Death Old age  
 Certifying Physician Hagen M.D.  
 Date of Death May 30 - 1908  
 Date of Burial June 1 1908  
 Funeral at House or Parlor Church.  
 Place of Burial Valt. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                     |          |
|---|---------------------|----------|
| Door Crape                                |                     |          |
| Draperies                                 | Candelabra and      | Candles. |
| Washing & Laying out Remains, Shaving     |                     |          |
| Preservation of Remains                   |                     | 25 00    |
| No. _____ Casket.                         | Trimming.           | 100 00   |
|   | <u>Copper shell</u> | 50 00    |
| No. _____ Handles                         |                     |          |
| No. _____ Plate engraved                  |                     |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                     | 6 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box.     |          |
| Delivering to Cemetery                    |                     |          |
| No. _____ Robe                            |                     | 10 00    |
| Prs. _____ Gloves _____                   | Linen Scarfs.       |          |
| Use of _____ Doz. Chairs                  |                     |          |
| Flowers                                   |                     |          |
| Hearse                                    | <u>Hagen</u>        | 5 00     |
| Carriages to                              | <u>more</u>         | 1 25     |
|   | <u>Printing</u>     | 2 50     |
| Advertising                               |                     |          |
| Cemetery charges                          |                     |          |
| Transportation Expenses, &c.              |                     |          |
| Attendance & Assistants                   |                     | 5 00     |
| Amount of Bill                            |                     | 204 75   |
| Amount Brought Forward                    |                     | 1766 40  |
| Amount Carried Forward                    |                     | 1971 15  |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year 23

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill (cross out printed items not furnished.)

Name of Dec'd

Earnest Hauto

Late Residence

BerkeleyAge 2 years 8 months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Date of Death


June 1 1958

Date of Burial \_\_\_\_\_

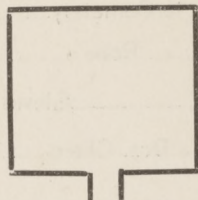
Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }



Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



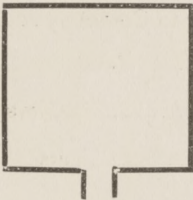
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number or page in index for future reference

Number for the Current Year 24

Items of Bill (cross out printed items not furnished.)

Name of Dec'd Francis A Mulhopt Door Crape \_\_\_\_\_  
 Late Residence San Francisco Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles \_\_\_\_\_  
 Age 21 years \_\_\_\_\_ months \_\_\_\_\_ days. Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Cause of Death Secondary Anemia Preservation of Remains \_\_\_\_\_  
 Certifying Physician Albert Berger No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming \_\_\_\_\_  
 Date of Death June 1 1908  
 Date of Burial June 3 1908  
 Funeral at House or House Church \_\_\_\_\_  
 Place of Burial Mountain Cemetery \_\_\_\_\_  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

|         |  |
|---------|--|
| 10 00   |  |
| 5 00    |  |
| 15 00   |  |
| 1980 15 |  |
| 1995 15 |  |

## PAYMENTS.

Paid



Number of Funeral

Number for the Current Year 25

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Mary Rebecca La Grange

Late Residence

Souma Montan

Age

63

years

months

days

Cause of Death

Acute Broncho Pneumonia

Certifying Physician

C. J. Dehmely

Date of Death

June 4 1908

Date of Burial

June 6 1908

Funeral at House or

Parlor

Church

Place of Burial

Montan

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket

Trimming

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't

H'dl's

Corners on Box

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs

Use of

Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid







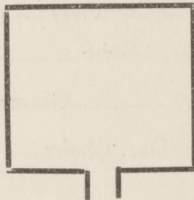
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 27

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mr Van Every  
 Late Residence Summa  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Seriously Burned  
 Certifying Physician C. W. Thompson  
 Date of Death July 8 - 1908  
 Date of Burial " 10 1908  
 Funeral at House or House Church.  
 Place of Burial Cremated 2007 Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by ☐ }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid.



Number of Funeral

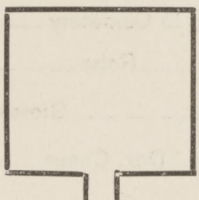
Number for the Current Year

28

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Emma Bobell  
 Late Residence Anna  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Date of Death July 8 - 1908  
 Date of Burial " 10 1908  
 Funeral at House or Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |           |
|---|-----------------|-----------|
| Door Crape                                |                 |           |
| Draperies                                 | Candelabra and  | Candles.  |
| Washing & Laying out Remains, Shaving     |                 |           |
| Preservation of Remains                   |                 | 10 00     |
| No. _____ Casket.                         | Trimming.       | 75 00     |
| No. _____ Handles                         |                 |           |
| No. _____ Plate engraved                  |                 |           |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 6 00      |
| Pl't' _____ H'dl's _____                  | Corners on Box. |           |
| Delivering to Cemetery                    |                 |           |
| No. _____ Robe                            |                 |           |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 2 00      |
| Use of _____ Doz. Chairs                  |                 |           |
| Flowers                                   |                 |           |
| Hearse                                    |                 | 10 00     |
| Carriages to                              |                 |           |
| <u>Minster</u>                            |                 | 5 00      |
| <u>Phone</u>                              |                 | 1 50      |
| Advertising                               |                 |           |
| Cemetery charges                          |                 | 16 00     |
| Transportation Expenses, &c.              |                 |           |
| Attendance & Assistants                   |                 |           |
| Amount of Bill                            |                 | 125 50    |
| Amount Brought Forward                    |                 | 213 58 95 |
| Amount Carried Forward                    |                 | 2148 4 45 |

## PAYMENTS.

Paid



Number of Funeral

Number for the Current Year 29

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Marie Berry

Late Residence

Vineburg, Iowa

Age

59

years

months

days

Cause of Death

Carcinoma of Breast

Certifying Physician

Frederick Leix

Date of Death

July 20 1918

Date of Burial

" 23 1918

Funeral at House or

Catholic

Church.

Place of Burial

Oakland

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

MEMORANDUM.

Door Crape

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. \_\_\_\_\_ Casket.

Trimming.

No. \_\_\_\_\_

Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

Carriages to

MorseR. Bennett

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

10 0025 006 0010 001 251 002 505 00110 752484 452895 20

PAYMENTS.

Paid

ITEMS OF EXPENSE.



Number of Funeral

Number for the Current Year

30

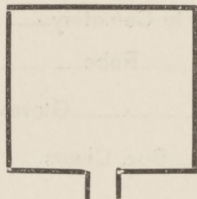
Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Eveline Jason  
 Late Residence Petaluma Road, Sonoma  
 Age 6 years 7 months 7 days.  
 Cause of Death Intestinal. Oculoculis.  
 Certifying Physician G. M. Thompson  
 Date of Death July 24 - 1908  
 Date of Burial 26 1908  
 Funeral at House or Catholic Church.  
 Place of Burial Petaluma Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }



Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 40 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Office to Petaluma</u>                 |                 | 7 00     |
| <u>R. Permit</u>                          |                 | 1 00     |
| <u>Candle</u>                             |                 | 2 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 60 00    |
| Amount Brought Forward                    |                 | 25 95 20 |
| Amount Carried Forward                    |                 | 26 55 20 |

## PAYMENTS.

Brid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 31

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Archie Frowley

Late Residence

D.F.Age 28 years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death

Concussion of Brain caused by beating of skull on stones

Certifying Physician

W. Blackburn

Date of Death

July 25 1908

Date of Burial

" 28 1908

Funeral at House or \_\_\_\_\_

Church.

Place of Burial

D.F.

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

## ITEMS OF EXPENSE.



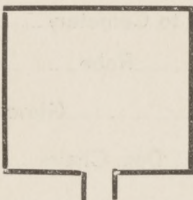
Number of Funeral \_\_\_\_\_

Number for the Current Year 32

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Bely Haven  
 Late Residence Sonoma  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Still born  
 Certifying Physician C. M. Thompson  
 Date of Death July 25  
 Date of Burial " 26  
 Funeral at House or Private Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by □.

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>20 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |              |
| Pl't' _____ H'dl's _____                  | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 |              |
| Carriages to                              |                 |              |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 |              |
| Amount of Bill                            | <u>20 00</u>    |              |
| Amount Brought Forward                    | <u>27 55</u>    | <u>20</u>    |
| Amount Carried Forward                    | <u>27 75</u>    | <u>20</u>    |

## PAYMENTS.

Paid



Number of Funeral

Number for the Current Year 33

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Late Residence

Age 82 years — months — days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Place of Burial

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }

{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel — feet — in. }Width at Shoulder — }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies — Candelabra and — Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. — Casket. — Trimming.No. — HandlesNo. — Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' — H'dl's — Cornerson Box.

Delivering to Cemetery

No. — Robe— Prs. — Gloves — Linen Scarfs.Use of — Doz. Chairs

Flowers

Hearse

4 Carriages to

Advertising

Ceme\*ery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid



Number of Funeral

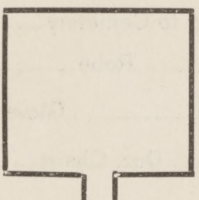
Number for the Current Year 34

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Jean Octave InguinLate Residence Ed KeranAge 25 years \_\_\_\_\_ months \_\_\_\_\_ daysCause of Death Drowned + HellvilleCertifying Physician F. L. BlackmanDate of Death Aug 31 - 1908Date of Burial 23 1908Funeral at House or Parlor to Catholic Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year 35

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd E. E. ReedLate Residence Apalachicola

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

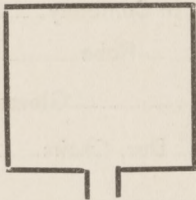
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles.

No. \_\_\_\_\_ Plate engraved.

Outside Box, (Pine, Chestnut, Oak, Cedar) ✓

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 36

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. I. Rivana  
 Late Residence Monona  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 5 00     |
| No. _____ Casket.                         | Trimming.       | 35 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Wagon</u>                              |                 | 5 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 50 00    |
| Amount Brought Forward                    |                 | 3036 20  |
| Amount Carried Forward                    |                 | 3086 20  |

## PAYMENTS.



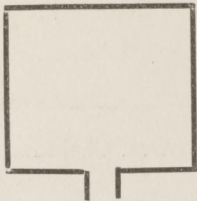
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 37

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd F. J. Dennis  
 Late Residence Arizona  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

|      |    |
|------|----|
| 10   | 00 |
| 10   | 00 |
| 3086 | 20 |
| 3086 | 20 |

## PAYMENTS.

*Paid*

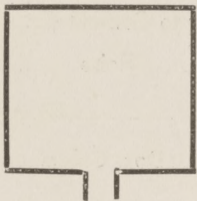


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 38

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Tully Ward  
 Late Residence Donoma  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }  
 Show position of monument by ☐

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving.    |                 |          |
| Preservation of Remains.                  |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 75 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs    | 2 00     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 | 4 00     |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 106 00   |
| Amount Brought Forward                    |                 | 3096 20  |
| Amount Carried Forward                    |                 | 3702 20  |

## PAYMENTS.

|              |  |       |
|--------------|--|-------|
| \$11.00 cash |  | 20 00 |
| 6/16 1898    |  | 15 00 |
| 7/1          |  | 15 00 |



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 39

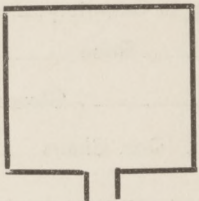
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd L.M. JohanssonLate Residence Suprema ValleyAge 76 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death ApoplexyCertifying Physician Dr. M. Thomas M.D.Date of Death Sept 13 - 1908Date of Burial " 15 "

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Mt Cemetery Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Flower

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 41

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd H. G. JonesLate Residence Supreme

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

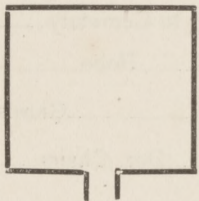
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
on Plate. {Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants 10 00Amount of Bill 10 00Amount Brought Forward 3330 20Amount Carried Forward 3340 20

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year 41

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Marguerite A. Schuck  
Glenn Eldon

Late Residence \_\_\_\_\_

Age 77 years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death

Old age

Certifying Physician

Culper M.D.

Date of Death

Oct. 17 - 1908

Date of Burial

" 19 1908

Funeral at House or \_\_\_\_\_

House

Church.

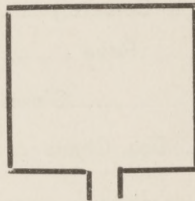
Place of Burial

Mountain

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave { Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }  
{ Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket.

Trimming.

60 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

5 00

Pl't' \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs.

2 00

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

10 00

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

5 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

94 50

Amount Brought Forward \_\_\_\_\_

3340

Amount Carried Forward \_\_\_\_\_

343470

PAYMENTS.

By Cash50

ITEMS OF EXPENSE.



Number of Funeral \_\_\_\_\_

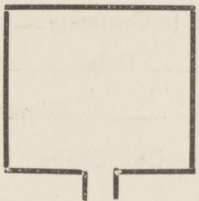
Number for the Current Year 42

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Sydney S. CraneLate Residence Sanoma VillaAge 29 years 4 months 19 days.Cause of Death accidental discharge of dynamite.Certifying Physician CarmonDate of Death Oct 15 1908Date of Burial " 18 1908Funeral at House or Cemeter Church.Place of Burial Headsburg Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

ModelPhone

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Paid



Number of Funeral

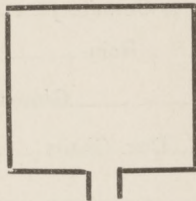
Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 42

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Alfred GustafsonLate Residence DonomaAge 55 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Accidental discharge of dynamiteCertifying Physician Dr. B. BlackburnDate of Death Oct 15, 1908Date of Burial " 19, 1908Funeral at House or Parlor Church.Place of Burial Valley Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }

{ Show position of monument by □. }

Inscription {

on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid







Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 44

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Oella M. Luddy

Late Residence

P. Richmond

Age

24

years

months

days

Cause of Death

Cerebral Hemorrhage

Certifying Physician

G. L. Abbott

Date of Death

Nov 21 - 1918

Date of Burial

Funeral at House or

Church.

Place of Burial

Mountain

Cemetery.

Grave or Lot No.

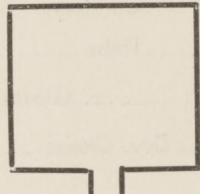
Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }

{ Show position of monument by □. }



Inscription

on Plate.

Measurement.

Length to Heel

feet

in.

Width at Shoulder

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket.

Trimming.

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't'

H'dl's

Corners on Box.

Delivering to Cemetery

No. Robe

Prs.

Gloves

Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid1.5010 008.401 006 002 5021 003767 203788 20



Number of Funeral \_\_\_\_\_

Number for the Current Year 45

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Oniglo LammattiLate Residence Senome

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

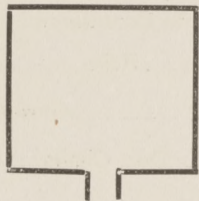
Date of Death Dec 7 1908

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. }

Show position of monument by ☐.

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 40 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe 6 00

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse 10 00

Carriages to \_\_\_\_\_

Burial fund 1 00coals 1 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance & Assistants 5 00Amount of Bill 68 00Amount Brought Forward 3788 20Amount Carried Forward 3856 20

## PAYMENTS.

By cash50 00



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 46

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Harriett Lyon

Late Residence

SacramentoAge 71 years 11 months 10 days.

Cause of Death

Old age

Certifying Physician

C. O. Hartnigh

Date of Death

Dec 12

Date of Burial

Funeral at House or

Church.

Place of Burial

Wendover

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate.

Measurement.

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving.

Preservation of Remains.

No. Casket.

Trimming.

No.

Handles.

No.

Plate engraved.

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't

H'dl's

Corners on Box.

Delivering to Cemetery

No.

Robe

Prs.

Gloves.

Linen Scarfs.

Use of

Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

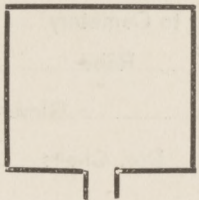
Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 47

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. Oliver B JohnsonLate Residence DaytonaAge \_\_\_\_\_ years 1 months 15 days.Cause of Death Bronchitis PneumoniaCertifying Physician O. M. JohnsonDate of Death Dec 23 1908Date of Burial 25 1908Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 27 50

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) 2 50

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges 2 00

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 32 00Amount Brought Forward 388 20Amount Carried Forward 391 40

## PAYMENTS.

Paid



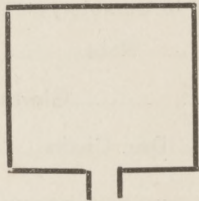
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 48

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Edward Geller  
 Late Residence Sanoma  
 Age 29 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Chronic Endo Carditis  
 Certifying Physician F. Geir M.D.  
 Date of Death Dec 25-1908  
 Date of Burial 27 1908  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 75 00    |
| No. _____ Handles.                        |                 |          |
| No. _____ Plate engraved                  |                 | 6 00     |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 | 6 00     |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 | 1 00     |
| <u>Permit</u>                             |                 |          |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 97 00    |
| Amount Brought Forward                    |                 | 391 42   |
| Amount Carried Forward                    |                 | 401 40   |

## PAYMENTS.

Paid




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 49

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Javety M. Crane  
 Late Residence El Muenso.  
 Age 1 years 5 months \_\_\_\_\_ days.  
 Cause of Death Membranous Cough  
 Certifying Physician F. J. M. D.  
 Date of Death Dec 28 - 1908  
 Date of Burial Jan 1 1908  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial D.F. Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross + }  
 Show position of monument by ☐

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket                          | Trimming        | 3 00     |
| <u>Tricoline</u>                          |                 | 30 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 4 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 | 5 00     |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Funeral Parlor</u>                     |                 | 1 00     |
| <u>Wick to D.F.</u>                       |                 | 1 50     |
| <u>Wagon to D.F.</u>                      |                 | 2 50     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 89 00    |
| Amount of Bill                            |                 | 86 50    |
| Amount Brought Forward                    |                 | 4011 20  |
| Amount Carried Forward                    |                 | 4097 70  |

## PAYMENTS.



Number of Funeral

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 50

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Georgiana Schell

Late Residence

Sonoma

Age

65

years

11

months

days

Cause of Death

Valvular Heart trouble

Certifying Physician

G. M. Thomas

Date of Death

Dec 28 - 1908

Date of Burial

Jan 1 1908

Funeral at House or

Oakland

Church.

Place of Burial

Oakland

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate.

Measurement.

Length to Heel

feet

in.

Width at Shoulder

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket.

Trimming.

No.

Handles

No.

Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't

H'dl's

Corners on Box

Delivering to Cemetery

No.

Robe

Prs.

Gloves

Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Wagen to DepotRound Permitticket to OaklaExpress + Service

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

10 00

125 00

6 00

10 00

5 00

1 00

1 50

8 00

2 50

169 00

4097 20

4266 70



Number of Funeral \_\_\_\_\_

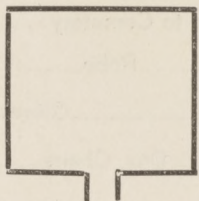
Number for the Current Year 51

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Francis NicholasLate Residence Agua CalienteAge 86 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death PneumoniaCertifying Physician C. M. ThomsonDate of Death Dec 28 1908Date of Burial " 30 1908Funeral at House or Catholic Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

By cash50 0010 0060 005 001 5010 005 004 0095 504266 704362 20



Number of Funeral

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

*Dr Belden  
Glen Ellen*

Late Residence

Age years months days

Cause of Death

*Heart Failure*

Certifying Physician

*Cupron M.D.*

Date of Death

*Dec 28 - 1908*

Date of Burial

*Shipped to Holstead*

Funeral at House or

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription

on Plate

Measurement

Length to Heel feet in.

Width at Shoulder

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

*team & drive to  
Glen Ellen  
R Remut  
ticket D-7*

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

10 00

5 00

1 00

1 50

2 50

21 00

43 62 20

43 83 20

## PAYMENTS.

*Paid*

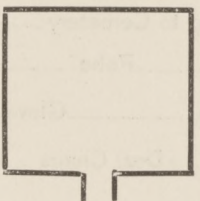


Number of Funeral

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

|  |   |   |                 |                      |
|--|---|---|-----------------|----------------------|
| Name of Dec'd  | <i>Eufrosinia Quaranta</i>  | Door Crape                                |                 |                      |
| Late Residence   | <i>Sonoma</i>   | Draperies                                 | Candelabra and  | Candles. <i>1 50</i> |
| Age  | <i>80</i> years <i>—</i> months <i>—</i> days.                                    | Washing & Laying out Remains, Shaving     |                 |                      |
| Cause of Death   | <i>Pneumonia</i>  | Preservation of Remains                   |                 | <i>10 00</i>         |
| Certifying Physician   | <i>O. M. Thompson</i>   | No. <i>87</i> Casket. <i>40</i>           | Trimming.       | <i>60 00</i>         |
| Date of Death  | <i>Jan 9 1908</i>   |   |                 |                      |
| Date of Burial   | <i>" 13 1908</i>  |   |                 |                      |
| Funeral at House or  | <i>Coalhouse</i>  | No.                                       | Handles         |                      |
| Place of Burial  | <i>Mountain</i>   | No.                                       | Plate engraved  |                      |
| Grave or Lot No.   |   | Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <i>5 00</i>          |
| Section No.  |   | Pl't' H'dl's                              | Corners on Box. |                      |
| Location of Grave  |  | Delivering to Cemetery                    |                 |                      |
| { Draw lines       for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. } |   | No.                                       | Robe            | <i>8 00</i>          |
|  |   | Prs.                                      | Gloves          | <i>1 50</i>          |
|  |   | Use of                                    | Doz. Chairs     |                      |
|  |   | Flowers                                   |                 |                      |
|  |   | Hearse                                    |                 | <i>10 00</i>         |
|  |   | Carriages to                              |                 |                      |
|  |   | <i>Burial Permit</i>                      |                 | <i>1 00</i>          |
| Inscription {  |   |   |                 |                      |
| on Plate. {  |   |   |                 |                      |
| Measurement. { Length to Heel  | feet  | in. }                                     |                 |                      |
| { Width at Shoulder  |   |   |                 |                      |
| Bill Rendered to   |   | Advertising                               |                 |                      |
| When Rendered  |   | Cemetery charges                          |                 |                      |
| MEMORANDUM.  |   | Transportation Expenses, &c.              |                 |                      |
|  |   | Attendance & Assistants                   |                 |                      |
|  |   | Amount of Bill                            |                 | <i>97 00</i>         |
|  |   | Amount Brought Forward                    |                 |                      |
|  |   | Amount Carried Forward                    |                 |                      |

## PAYMENTS.

*Recd*

## ITEMS OF EXPENSE.



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 2

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Botherine Elizabeth Martin

Late Residence

Glen EdenAge 65 years 5 months 11 days.

Cause of Death

Acute Bronchitis angustia

Certifying Physician

Dr. C. E. Jones

Date of Death

Jan 11 - 1909

Date of Burial

" 13 1909

Funeral at House or

Shunch

Church.

Place of Burial

Mountain

Cemetery.

Grave or Lot No.

Section No.

Location of Grave



{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies

Candelabra and

Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. \_\_\_\_\_ Casket.

Trimming.

No. \_\_\_\_\_

Handles

No. \_\_\_\_\_ Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't'

H'dl's

Corners on Box.

Delivering to Cemetery

No. \_\_\_\_\_ Robe

Prs.

Gloves

Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs

Flowers

Hearse

Carriages to

Burial Permit

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid

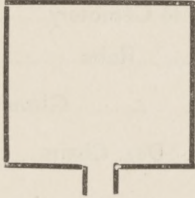


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 3

Be careful to enter name of de-  
 ceased and number of page  
 in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Oliver Brattle Shaw  
 Late Residence Douma  
 Age 81 years 4 months 25 days.  
 Cause of Death Cerebral Hemorrhage  
 Certifying Physician O. M. Thomas  
 Date of Death Jan 13 - 1908  
 Date of Burial " 15 1909  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |          |
|---|----------------|----------|
| Door Crape                                  |                |          |
| Draperies                                   | Candelabra and | Candles. |
| Washing & Laying out Remains, Shaving       |                |          |
| Preservation of Remains                     |                | 10 00    |
| No. <u>140</u> Casket. <u>6/6</u> Trimming. |                | 130 00   |
| No. _____ Handles                           |                |          |
| No. _____ Plate engraved                    |                |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar)   |                | 5 00     |
| Pl't' _____ H'dl's _____ Corners on Box.    |                |          |
| Delivering to Cemetery                      |                |          |
| No. _____ Robe                              |                |          |
| Prs. _____ Gloves _____ Linen Scarfs.       |                | 1 50     |
| Use of _____ Doz. Chairs                    |                |          |
| Flowers                                     |                |          |
| Hearse                                      |                | 10 00    |
| Carriages to                                |                |          |
| <u>Burial Permit.</u>                       |                | 6 00     |
| Advertising                                 |                |          |
| Cemetery charges                            |                |          |
| Transportation Expenses, &c.                |                |          |
| Attendance & Assistants                     |                |          |
| Amount of Bill                              |                | 162 50   |
| Amount Brought Forward                      |                | 265 00   |
| Amount Carried Forward                      |                | 427 50   |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 4

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Infant, Lydia Gyella Gyengo  
Von Miklos

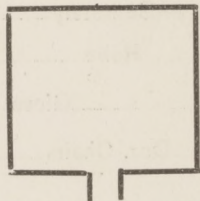
Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years 4 months 29 days.

Cause of Death \_\_\_\_\_

Certifying Physician Fredrick LeixDate of Death Jan 15 - 1909Date of Burial " 17 1909Funeral at House or Catholic Church.Place of Burial Mountain Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave { Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 2/0 Casket No 9 Trimming. 12 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Burial Permit

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

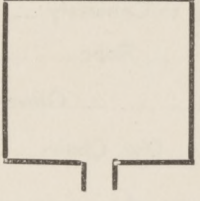


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 5

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Nelson Seymour Trowbridge  
 Late Residence Sonoma  
 Age 57 years 3 months — days.  
 Cause of Death Pleuritis with effusion  
 Certifying Physician Dr. M. J. Thomson  
 Date of Death Jan 21 - 1909  
 Date of Burial 11 215 1909  
 Funeral at House or Crematory Church.  
 Place of Burial Oakland Crematory Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                         |
|---|-------------------------|
| Door Crape                                |                         |
| Draperies                                 | Candelabra and Candles. |
| Washing & Laying out Remains, Shaving     |                         |
| Preservation of Remains                   | 10 00                   |
| No. 1 Casket. 6/0                         | Trimming. 36 00         |
| No. _____ Handles                         |                         |
| No. _____ Plate engraved                  |                         |
| Outside Box, (Pine, Chestnut, Oak, Cedar) | 6 00                    |
| Pl't' H'dl's                              | Corners on Box.         |
| Delivering to Cemetery                    |                         |
| No. _____ Robe                            |                         |
| Prs. _____ Gloves                         | Linen Scarfs.           |
| Use of _____ Doz. Chairs                  |                         |
| Flowers                                   |                         |
| Hearse                                    |                         |
| Carriages to                              |                         |
| <u>Removal from</u>                       | 1 00                    |
| <u>Wagon to Depot</u>                     | 5 00                    |
| <u>R R ticket</u>                         | 1 50                    |
| <u>Indre</u>                              | 1 25                    |
| Advertising                               |                         |
| Cemetery charges                          |                         |
| Transportation Expenses, &c.              |                         |
| Attendance & Assistants                   | 2 50                    |
| Amount of Bill                            | 62 25                   |
| Amount Brought Forward                    | 454 50                  |
| Amount Carried Forward                    | 516 75                  |

## PAYMENTS.

Bill

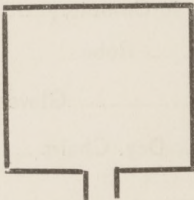


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 6

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Angelina Maffai  
 Late Residence San Francisco ca  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pneumonia  
 Certifying Physician E. H. Gough M.D.  
 Date of Death Jan 20 1909  
 Date of Burial " 22 1909  
 Funeral at House or Parlor Church.  
 Place of Burial Catholics Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                |                          |
|---|----------------|--------------------------|
| Door Crape                                |                |                          |
| Draperies                                 | Candelabra and | Candles. <u>100</u>      |
| Washing & Laying out Remains, Shaving     |                |                          |
| Preservation of Remains                   |                |                          |
| No. _____ Casket.                         |                | Trimming.                |
| No. _____ Handles                         |                |                          |
| No. _____ Plate engraved                  |                |                          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                          |
| Pl't' _____ H'dl's _____                  |                | Corners on Box.          |
| Delivering to Cemetery                    |                |                          |
| No. _____ Robe                            |                |                          |
| Prs. _____ Gloves _____                   |                | Linen Scarfs. <u>150</u> |
| Use of _____ Doz. Chairs                  |                |                          |
| Flowers                                   |                |                          |
| Hearse <u>Hagen</u>                       |                | <u>500</u>               |
| Carriages to <u>Hagen at depot</u>        |                | <u>500</u>               |
| <u>Burial permit</u>                      |                | <u>100</u>               |
| <u>Phone</u>                              |                | <u>25</u>                |
| <u>co</u>                                 |                |                          |
| Advertising                               |                | <u>250</u>               |
| Cemetery charges                          |                |                          |
| Transportation Expenses, &c.              |                |                          |
| Attendance & Assistants                   |                | <u>750</u>               |
| Amount of Bill                            |                | <u>2475</u>              |
| Amount Brought Forward                    |                | <u>516 75</u>            |
| Amount Carried Forward                    |                | <u>541 00</u>            |

## PAYMENTS.

Paid



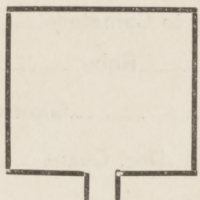
Number of Funeral 7

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Richard I Watt  
 Late Residence Dynoma Valley  
 Age 6 years 19 months 19 days.  
 Cause of Death Acute Intestinalis  
 Certifying Physician W. B. Hayes  
 Date of Death Feb 1 1909  
 Date of Burial 3 1909  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

W. J. Brechtel 5.00  
J. B. Small 4.00

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 25 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 2 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to <u>Permit</u>                |                 | 4 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 51 50    |
| Amount Brought Forward                    |                 | 541 00   |
| Amount Carried Forward                    |                 | 592 50   |

## PAYMENTS.

Paid



Number of Funeral 8

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

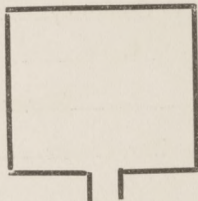
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Bernard Quatrelle

Late Residence \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months 14 days.Cause of Death InanitionCertifying Physician A. M. ThomsonDate of Death May 13 - 1909Date of Burial May 14 - 1909Funeral at House or Catholic Church.Place of Burial Montana Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 20 00

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 20 00Amount Brought Forward 592 50Amount Carried Forward 612 50

## PAYMENTS.

Paid

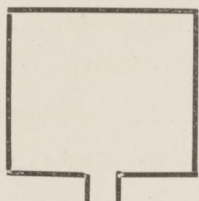


Number of Funeral 9  
 Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Gelond Francis Rubka  
 Late Residence Shelville, Cal  
 Age 11 years 10 months 23 days.  
 Cause of Death Encephalitis, Rheumatism  
 Certifying Physician A. M. Thomas  
 Date of Death May 30 - 1909  
 Date of Burial Jun 2 1909  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +  
 Show position of monument by □ }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

### MEMORANDUM.

G. J. Breitenbach 10.00  
J. B. Small 6.00

### ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                |                 |
| No. Casket.                               |                | Trimming.       |
| No. Handles                               |                |                 |
| No. Plate engraved                        |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                 |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of Doz. Chairs                        |                |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                |                 |
| Carriages to                              |                |                 |
| Advertising                               |                |                 |
| Cemetery charges                          |                |                 |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                |                 |
| Amount of Bill                            |                |                 |
| Amount Brought Forward                    |                |                 |
| Amount Carried Forward                    |                |                 |

### PAYMENTS.

Paid



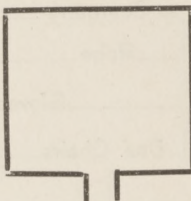
Number of Funeral 10

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Flores Monica  
 Late Residence Sanoma  
 Age 62 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Chronic Pulmonary Tuberc  
 Certifying Physician Frederick L. Lewis  
 Date of Death April 13  
 Date of Burial " 15  
 Funeral at House or Parlor Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Paid L. Breitenbach 5-90

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Funeral complete

100

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

100  
773 50  
873 50

## PAYMENTS.

Paid



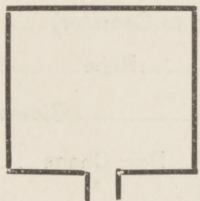
Number of Funeral 11

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Robert Fowler  
 Late Residence Monoma  
 Age 59 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pneumonia  
 Certifying Physician Dr. Leis  
 Date of Death April 19 - 1909  
 Date of Burial 21 1909  
 Funeral at House or Parlor Church.  
 Place of Burial Monma Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Paid  
G. Breckenbach 10.00

## ITEMS OF EXPENSE.

|   |                |          |
|---|----------------|----------|
| Door Crape                                  |                |          |
| Draperies                                   | Candelabra and | Candles. |
| Washing & Laying out Remains, Shaving       |                |          |
| Preservation of Remains                     |                | 10 -     |
| No. <u>1</u> Casket. <u>6 ft.</u> Trimming. |                | 35 -     |
| No. _____ Handles                           |                |          |
| No. _____ Plate engraved                    |                |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar)   |                |          |
| Pl't' _____ H'dl's _____ Corners on Box.    |                | ✓ 00     |
| Delivering to Cemetery                      |                |          |
| No. _____ Robe                              |                |          |
| Prs. _____ Gloves _____ Linen Scarfs.       |                | 150      |
| Use of _____ Doz. Chairs                    |                |          |
| Flowers                                     |                |          |
| Hearse                                      |                | 10 -     |
| Carriages to                                |                |          |
| Advertising                                 |                |          |
| Cemetery charges                            |                | 4.00     |
| Transportation Expenses, &c.                |                |          |
| Attendance & Assistants                     |                | 65.50    |
| Amount of Bill                              |                | 65.50    |
| Amount Brought Forward                      |                | 873.50   |
| Amount Carried Forward                      |                | 939.00   |

## PAYMENTS.

Paid



Number of Funeral 12

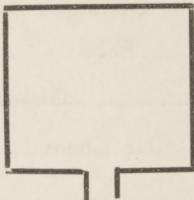
Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John BenidetteLate Residence SumnerAge \_\_\_\_\_ years 10 months \_\_\_\_\_ days.Cause of Death Gangrene SepticemiaCertifying Physician D M ThomsonDate of Death May 15 - 1909Date of Burial May 16 1909Funeral at House or Cemetery Church.Place of Burial Sumner Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Paid Benidettech 5.00Jo Benidette 1.00

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 20 -

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

opening grave 5.00

Advertising \_\_\_\_\_

Cemetery charges 1 -

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 31.00Amount Brought Forward 939.00Amount Carried Forward 970.10

## PAYMENTS.

Paid



Number of Funeral 13

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James M. CullenLate Residence StocktonAge 31 years — months — days.Cause of Death Pulmonary TuberculosisCertifying Physician Stockton State HospitalDate of Death April 24

Date of Burial

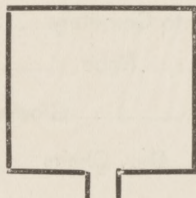
Funeral at House or Cemetery Church.Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. }

{ Show position of monument by □. }



Inscription {

on Plate. }

Measurement. {

Length to Heel feet in. }

Width at Shoulder. }

Bill Rendered to

When Rendered

## MEMORANDUM.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

rearrange plot

opening grave

R. Rep. Gentry

Hayes

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

1.00

2.00

12.00

1.00

1.00

4.00

1.00

49.00

97.00

101.90

## PAYMENTS.

Paid

## ITEMS OF EXPENSE.



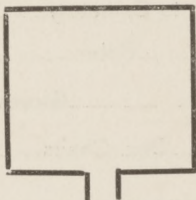
Number of Funeral 1

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John Castagnitto  
 Late Residence Summit Valley  
 Age 21 years — months — days.  
 Cause of Death Suicide  
 Certifying Physician Barbara Blaskin  
 Date of Death April 24 - 1909  
 Date of Burial " 26 1909  
 Funeral at House or Cemetery Church.  
 Place of Burial Leath's Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 25 00    |
| No. Casket.                               | Trimming.       | 125 00   |
| <u>Minister</u>                           |                 | 25 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 | 6 00     |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 | 15 00    |
| No. Robe                                  |                 |          |
| Prs. Gloves                               | Linen Scarfs.   |          |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 | 10 —     |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Hearse two times</u>                   |                 | 10 —     |
| <u>Wdse</u>                               |                 | 1 25     |
| <u>Permit</u>                             |                 | 1 —      |
| <u>Flowers</u>                            |                 | 8 —      |
| Advertising <u>notice</u>                 |                 | 25 00    |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 | 5 —      |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 211 25   |
| Amount Brought Forward                    |                 | 1019     |
| Amount Carried Forward                    |                 | 1231 25  |

## PAYMENTS.

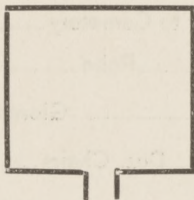


Number of Funeral 15

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Luigi BasagliaLate Residence BirminghamAge 56 years — months — days.Cause of Death PneumoniaCertifying Physician Hayes M.D.Date of Death April 27 - 1909Date of Burial 29 1909Funeral at House or Calvary Church.Place of Burial Mountain Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

{ Length to Heel — feet — in. }  
{ Width at Shoulder — }  
{ }

Bill Rendered to —When Rendered —

## MEMORANDUM.

Fr. Joe Bonnell 1.00

## ITEMS OF EXPENSE.

Door Crape

Draperies — Candelabra and — Candles.Washing & Laying out Remains, Shaving —Preservation of Remains —No. — Casket. — Trimming.No. — HandlesNo. — Plate engravedOutside Box, (Pine, Chestnut, Oak, Cedar) —Pl't' — H'dl's — Corners on Box.

Delivering to Cemetery

No. — RobePrs. — Gloves — Linen Scarfs.Use of — Doz. ChairsFlowers —Hearse —Carriages to —Advertising —Cemetery charges —Transportation Expenses, &c. —Attendance & Assistants —Amount of Bill —Amount Brought Forward —Amount Carried Forward —

## PAYMENTS.

Paid



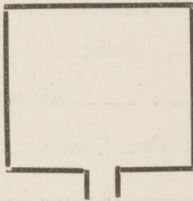
Number of Funeral 16

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph Lyette  
 Late Residence Indiana  
 Age 38 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician Hays M.D.  
 Date of Death May 9 - 1909  
 Date of Burial Monday 11  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Paid J. B. Small 1.00

## ITEMS OF EXPENSE.

|   |             |           |
|---|-------------|-----------|
| Door Crape.                                     |             |           |
| Draperies _____ Candelabra and _____ Candles.   |             |           |
| Washing & Laying out Remains, Shaving _____     |             |           |
| Preservation of Remains _____                   | <u>25</u>   |           |
| No. _____ Casket. _____ Trimming.               |             |           |
| No. _____ Handles _____                         |             |           |
| No. _____ Plate engraved _____                  |             |           |
| Outside Box, (Pine, Chestnut, Oak, Cedar) _____ |             |           |
| Pl't' _____ H'dl's _____ Corners on Box.        |             |           |
| Delivering to Cemetery _____                    |             |           |
| No. _____ Robe _____                            |             |           |
| Prs. _____ Gloves _____ Linen Scarfs.           |             |           |
| Use of _____ Doz. Chairs _____                  |             |           |
| Flowers _____                                   |             |           |
| Hearse _____                                    |             |           |
| Carriages to _____                              |             |           |
| <u>Permit to Bury</u>                           | <u>1</u>    |           |
| <u>ticket to D.F.</u>                           | <u>1.50</u> |           |
| <u>use of Box</u>                               | <u>2.50</u> |           |
| <u>expense on Return Box</u>                    | <u>1.00</u> |           |
| Advertising _____                               |             |           |
| Cemetery charges _____                          |             |           |
| Transportation Expenses, &c. _____              |             |           |
| Attendance & Assistants _____                   |             |           |
| Amount of Bill _____                            | <u>31</u>   | <u>00</u> |
| Amount Brought Forward _____                    | <u>1338</u> | <u>75</u> |
| Amount Carried Forward _____                    | <u>1369</u> | <u>75</u> |

## PAYMENTS.

Rec'd



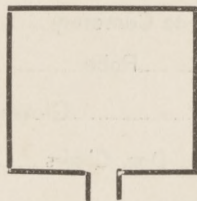
Number of Funeral 17

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Robert Jenkins  
 Late Residence Drum  
 Age 56 years — months — days.  
 Cause of Death Natural cause  
 Certifying Physician Coroner Black  
 Date of Death May 9 - 1909  
 Date of Burial " 11 1909  
 Funeral at House or Parlor Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. }

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered

## MEMORANDUM.

Paul J. B. Small 100

## ITEMS OF EXPENSE.

|   |                |                             |
|---|----------------|-----------------------------|
| Door Crape                                |                |                             |
| Draperies                                 | Candelabra and | Candles.                    |
| Washing & Laying out Remains, Shaving     |                |                             |
| Preservation of Remains                   |                |                             |
| No. Casket.                               | Trimming.      | <u>10</u><br><u>35 00</u>   |
| No. Handles                               |                |                             |
| No. Plate engraved                        |                |                             |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                             |
| Pl't                                      | H'd'l's        | Corners on Box. <u>5 00</u> |
| Delivering to Cemetery                    |                |                             |
| No. Robe                                  |                |                             |
| Prs.                                      | Gloves         | Linen Scarfs.               |
| Use of                                    | Doz. Chairs    |                             |
| Flowers                                   |                |                             |
| Hearse                                    |                | <u>10</u>                   |
| Carriages to                              |                | <u>1</u>                    |
| <u>Burial Point.</u>                      |                |                             |
| Advertising                               |                |                             |
| Cemetery charges                          |                | <u>5</u>                    |
| Transportation Expenses, &c.              |                |                             |
| Attendance & Assistants                   |                |                             |
| Amount of Bill                            |                | <u>66 00</u>                |
| Amount Brought Forward                    |                | <u>1369 75</u>              |
| Amount Carried Forward                    |                | <u>1435 75</u>              |

## PAYMENTS.

Paul



Number of Funeral 18

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

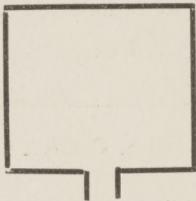
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Mari OrmonLate Residence SumnerAge 25 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Natural CausesCertifying Physician Carroll BlacklinDate of Death May 27 - 1909Date of Burial Shipped to ST.

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Carroll Blacklin 1.00  
" Mrs. Rogue 17.00

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Wagon to Depot 2.50  
Permit 1.00  
Bill of Mrs. Rogue 17.00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Rec'd

## ITEMS OF EXPENSE.



Number of Funeral 19

Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

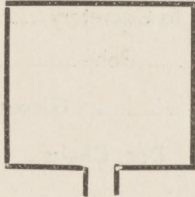
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Geo. Delong KyrusLate Residence Shrubby RanchAge 21 years 9 months \_\_\_\_\_ days.Cause of Death accidental fall fromCertifying Physician Dr. BlackDate of Death June 4 - 1908Date of Burial Permanently to San Rafael

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Geo. J. B. Snell 100

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 25

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. 6.00

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Wagon  
Bent  
ndse  
carriage wheels

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid

25  
125

6.00

✓  
1  
3  
1.50

5.00  
171.50  
148.125  
1652.75



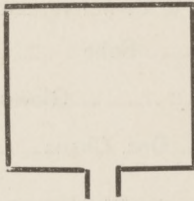
Number of Funeral 20

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year \_\_\_\_\_

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd P. M. Selvey  
 Late Residence Pinoma  
 Age 65 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Carotid Artery  
 Certifying Physician W. M. Thomson  
 Date of Death June 11 - 1919  
 Date of Burial Permanently  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

General Burial  
Cooper 6000

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Quid







Number of Funeral 22

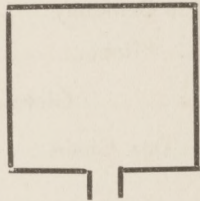
Number for the Current Year \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Lucy Cardine HuddartLate Residence Angu CalantaAge 16 years 8 months \_\_\_\_\_ days.Cause of Death Endocarditis cerebral HemorrhageCertifying Physician Dr. Frank J. BellDate of Death June 22 - 1919Date of Burial June 24 1919Funeral at House or Home Church.Place of Burial Huddart Ranch Cemetery

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid

25  
60

5

1

91  
1843 50  
1934 50

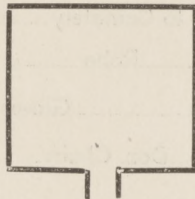


Number of Funeral 23Number for the Current Year 1909

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Alfredo Moschini  
 Late Residence Summa  
 Age 21 years — months — days.  
 Cause of Death Dumde  
 Certifying Physician F. G. Blackburn  
 Date of Death July 2 — 1909  
 Date of Burial 5 — 1909  
 Funeral at House or Parlor Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —  
 When Rendered —

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape —  
 Draperies — Candelabra and — Candles.  
 Washing & Laying out Remains, Shaving —  
 Preservation of Remains —  
 No. — Casket. — Trimming.  
 No. — Handles.  
 No. — Plate engraved.  
 Outside Box, (Pine, Chestnut, Oak, Cedar) —  
 Pl't' — H'dl's — Corners on Box.  
 Delivering to Cemetery —  
 No. — Robe —  
 Prs. — Gloves — Linen Scarfs.  
 Use of — Doz. Chairs —  
 Flowers —  
 Hearse —  
 Carriages to —  
 Advertising —  
 Cemetery charges —  
 Transportation Expenses, &c. —  
 Attendance & Assistants —  
 Amount of Bill —  
 Amount Brought Forward 1934 50  
 Amount Carried Forward 1949 50

## PAYMENTS.

Recd by County



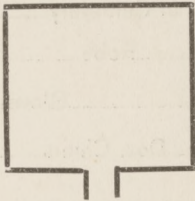
Number of Funeral

Number for the Current Year 24

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Hengge  
 Late Residence Brynna  
 Age 65 years 2 months — days.  
 Cause of Death Chum Poisoning  
 Certifying Physician am Thomson  
 Date of Death July 2 1909  
 Date of Burial July 3 1909  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Valley C Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.  
 \_\_\_\_\_  
 \_\_\_\_\_ No. \_\_\_\_\_ Handles.  
 No. \_\_\_\_\_ Plate engraved.  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 \_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid,



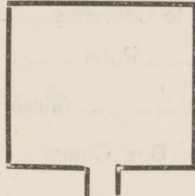
Number of Funeral \_\_\_\_\_

Number for the Current Year 25

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd. John B. Pratts  
 Late Residence Donomph  
 Age 69 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician Frederick J. J. J.  
 Date of Death July 9 - 1909  
 Date of Burial 11 - 1909  
 Funeral at House or Catholics Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |                      |
|---|-----------------|----------------------|
| Door Crape                                |                 |                      |
| Draperies                                 | Candelabra and  | Candles. <u>1.50</u> |
| Washing & Laying out Remains, Shaving     |                 |                      |
| Preservation of Remains                   |                 | <u>10 -</u>          |
| No. _____ Casket.                         | Trimming.       | <u>25.00</u>         |
| No. _____ Handles                         |                 |                      |
| No. _____ Plate engraved                  |                 |                      |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |                      |
| Pl't' _____ H'dl's _____                  | Corners on Box. | <u>5.00</u>          |
| Delivering to Cemetery                    |                 |                      |
| No. _____ Robe                            |                 | <u>6 -</u>           |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | <u>1.50</u>          |
| Use of _____ Doz. Chairs                  |                 |                      |
| Flowers                                   |                 |                      |
| Hearse                                    |                 | <u>10 -</u>          |
| Carriages to                              |                 | <u>1.25</u>          |
| Advertising                               |                 |                      |
| Cemetery charges                          |                 | <u>1 -</u>           |
| Transportation Expenses, &c.              |                 |                      |
| Attendance & Assistants                   |                 | <u>11.25</u>         |
| Amount of Bill                            |                 | <u>111.25</u>        |
| Amount Brought Forward                    |                 | <u>196.45</u>        |
| Amount Carried Forward                    |                 | <u>207.50</u>        |

## PAYMENTS.

|                    |              |
|--------------------|--------------|
| <u>Aug 19 cash</u> | <u>15.00</u> |
| <u>Nov 24 "</u>    | <u>12.50</u> |
| <u>Jan 10 "</u>    | <u>15.00</u> |
| <u>Feb 1 "</u>     | <u>25.00</u> |
| <u>" 5 "</u>       | <u>20.00</u> |
| <u>Mar 5 "</u>     | <u>10.00</u> |



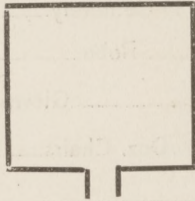
Number of Funeral

Number for the Current Year 26

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Julia Bell  
 Late Residence Blondage  
 Age 28 years — months — days.  
 Cause of Death Tuberculosis  
 Certifying Physician Dr. Gray  
 Date of Death July 11 1909  
 Date of Burial July 14 1909  
 Funeral at House or Coastline Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —  
 When Rendered —

## MEMORANDUM.

Door Crape —  
 Draperies — Candelabra and — Candles.  
 Washing & Laying out Remains, Shaving —  
 Preservation of Remains —  
 No. — Casket. — Trimming. 35 00  
—  
— No. — Handles —  
 No. — Plate engraved —  
 Outside Box, (Pine, Chestnut, Oak, Cedar) 5 00  
— Pl't — H'dl's — Corners on Box.  
 Delivering to Cemetery —  
 No. — Robe —  
— Prs. — Gloves — Linen Scarfs.  
 Use of — Doz. Chairs —  
 Flowers —  
 Hearse —

Carriages to

Wagon  
5 00  
—  
 Advertising —  
 Cemetery charges 1 00  
 Transportation Expenses, &c. —  
 Attendance & Assistants 2 00  
 Amount of Bill 48 00  
 Amount Brought Forward 20 25 70  
 Amount Carried Forward 21 23 70

## PAYMENTS.

## ITEMS OF EXPENSE.

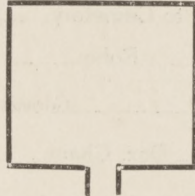


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 27

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Gustaf Shoppe  
 Late Residence Boston Vill. Amos  
 Age 60 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Heart Failure  
 Certifying Physician 72 Black-burnham  
 Date of Death July 9 - 1909  
 Date of Burial July 11 1909  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Valley Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

# MEMORANDUM.

B. J. Bernall 1.00

## ITEMS OF EXPENSE.

|   |                |          |
|---|----------------|----------|
| Door Crape                                |                |          |
| Draperies                                 | Candelabra and | Candles. |
| Washing & Laying out Remains, Shaving     |                |          |
| Preservation of Remains                   |                |          |
| No. _____ Casket.                         |                |          |
| Trimming.                                 |                |          |
| No. _____ Handles                         |                |          |
| No. _____ Plate engraved                  |                |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |          |
| Pl't' _____ H'dl's _____                  |                |          |
| Corners on Box.                           |                |          |
| Delivering to Cemetery                    |                |          |
| No. _____ Robe                            |                |          |
| Prs. _____ Gloves _____                   |                |          |
| Linen Scarfs.                             |                |          |
| Use of _____ Doz. Chairs                  |                |          |
| Flowers                                   |                |          |
| Hearse                                    |                |          |
| Carriages to                              |                |          |
| Opening Grave                             |                |          |
| Advertising                               |                |          |
| Cemetery charges                          |                |          |
| Transportation Expenses, &c.              |                |          |
| Attendance & Assistants                   |                |          |
| Amount of Bill                            |                |          |
| Amount Brought Forward                    |                |          |
| Amount Carried Forward                    |                |          |

## PAYMENTS.

|              |       |
|--------------|-------|
| July 20 Cash | 20.00 |
| Sept. 7      | 10.00 |
| Dec. 1       | 6.50  |



Number of Funeral

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Late Residence

Age 7 years months days

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate

Measurement

{ Length to Heel feet in. }  
 { Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

Bill Joe B. Snell 1/2

ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket Trimming

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't H'dl's Corners on Box

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid

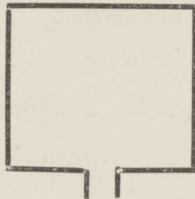


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 29

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Almest Robbins  
 Late Residence Windsor  
 Age 30 years \_\_\_\_\_ months \_\_\_\_\_ days  
 Cause of Death Chronic Heart Failure  
 Certifying Physician Hayes  
 Date of Death Aug 6 - 1909  
 Date of Burial Aug 8 1909  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

# MEMORANDUM.

Paid Joel B. Small, Jr.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 25 00    |
| No. _____ Casket.                         | Trimming.       | 75 00    |
| <u>Copper Shell</u>                       |                 | 50 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't _____ H'dl's _____                   | Corners on Box. | 6 00     |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 | 6 00     |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Express.</u>                           |                 | 5 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 167 00   |
| Amount Brought Forward                    |                 | 314 70   |
| Amount Carried Forward                    |                 | 2481 70  |

## PAYMENTS.

|                        |       |
|------------------------|-------|
| <u>Sept 30 By Cash</u> | 80 00 |
|------------------------|-------|



Number of Funeral

Number for the Current Year

30

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Catherine Wise

Late Residence

Cypress Hill

Age 50 years months days

Cause of Death

Pulmonary Tuberculosis

Certifying Physician

B. F. Sanborn

Date of Death

Aug 9 - 1909

Date of Burial

12 1909

Funeral at House or

Church

Church.

Place of Burial

Catholic

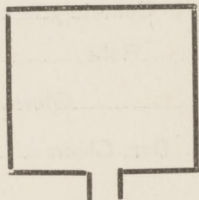
Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel feet in. }  
 { Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid

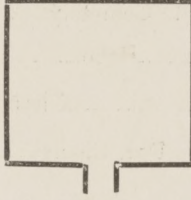


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 31

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Bain  
 Late Residence Summa  
 Age 76 years 11 months 15 days.  
 Cause of Death Thrombosis of Arteries  
 Certifying Physician Dr. Giff  
 Date of Death Aug 15 1909  
 Date of Burial " 17 1909  
 Funeral at House or Barton Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

# MEMORANDUM.

W. G. Bryant 10 25  
J. S. Snell 10 00

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 75 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. | 6 00     |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 1 50     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| <u>Horse</u>                              |                 | 1 50     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 2 50     |
| Amount of Bill                            |                 | 107 00   |
| Amount Brought Forward                    |                 | 2497 20  |
| Amount Carried Forward                    |                 | 2504 20  |

## PAYMENTS.

Paid

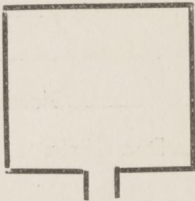


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 32

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Catherine Nagga  
 Late Residence Bonoma  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Enteritis  
 Certifying Physician Dr. Zell  
 Date of Death Aug 22 1909  
 Date of Burial 23 1909  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

|   |                 |              |
|---|-----------------|--------------|
| Door Crape                                |                 |              |
| Draperies                                 | Candelabra and  | Candles.     |
| Washing & Laying out Remains, Shaving     |                 |              |
| Preservation of Remains                   |                 |              |
| No. _____ Casket.                         | Trimming.       | <u>23 00</u> |
| No. _____ Handles                         |                 |              |
| No. _____ Plate engraved                  |                 |              |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |              |
| Pl't' _____ H'dl's _____                  | Corners on Box. |              |
| Delivering to Cemetery                    |                 |              |
| No. _____ Robe                            |                 |              |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |              |
| Use of _____ Doz. Chairs                  |                 |              |
| Flowers                                   |                 |              |
| Hearse                                    |                 |              |
| Carriages to                              |                 |              |
| Advertising                               |                 |              |
| Cemetery charges                          |                 |              |
| Transportation Expenses, &c.              |                 |              |
| Attendance & Assistants                   |                 |              |
| Amount of Bill                            | <u>23 00</u>    |              |
| Amount Brought Forward                    | <u>2704 20</u>  |              |
| Amount Carried Forward                    | <u>2727 20</u>  |              |

PAYMENTS.

Rec'd



Number of Funeral \_\_\_\_\_

Number for the Current Year 33

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Henry J. AllenLate Residence S. J.Age 58 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Pernicious AnemiaCertifying Physician E. G. F. Noble M.D.

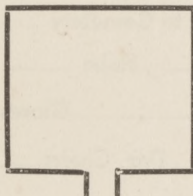
Date of Death \_\_\_\_\_

Date of Burial Aug. 27

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Valley Mt Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Pr J. B. Breunlich 2.00  
Ja. J. Bonnell 1.00

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles.

No. \_\_\_\_\_ Plate engraved.

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid



Number of Funeral

Number for the Current Year 34

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Leonilda Maria SenecaLate Residence Glen Ellen

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

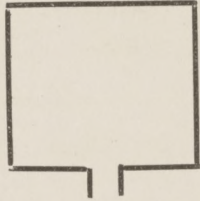
Cause of Death \_\_\_\_\_

Certifying Physician Dr. CupinDate of Death Aug. 28 -Date of Burial Sept. 15 1907

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
on Plate. {Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming. 100

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_ 10 00

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Removal Permit 1 00

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill 126 00Amount Brought Forward 2841 20Amount Carried Forward 2967 20

## PAYMENTS.



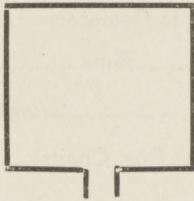
Number of Funeral \_\_\_\_\_

Number for the Current Year 35

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd August Gedge  
 Late Residence Summa Valley  
 Age 35 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pyrenitis  
 Certifying Physician Ans. Knorr  
 Date of Death 1853  
 Date of Burial General Sept 3 - 1909  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Intermated Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

W. J. B. Small 100

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 \_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_  
 Cemetery charges \_\_\_\_\_  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill \_\_\_\_\_  
 Amount Brought Forward \_\_\_\_\_  
 Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Reed

17 65  
2967 20  
2984 85



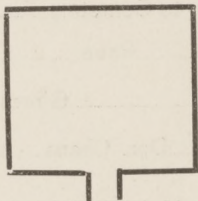
Number of Funeral

Number for the Current Year 36

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Sarah E. Read  
 Late Residence San Antonio  
 Age 75 years — months — days.  
 Cause of Death Exhaustion from old age  
 Certifying Physician E. H. King  
 Date of Death Sept 5 1909  
 Date of Burial 8 1909  
 Funeral at House or Parlor Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 |          |
| No. _____ Casket.                         | Trimming.       |          |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 150      |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 | 5 00     |
| <u>Wagon for Depot</u>                    |                 |          |
| <u>opening grave</u>                      |                 | 10 —     |
| <u>mask</u>                               |                 | 50       |
| Advertising                               |                 |          |
| Cemetery charges                          |                 | 4 00     |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 36 00    |
| Amount Brought Forward                    |                 | 2984 85  |
| Amount Carried Forward                    |                 | 3020 85  |

## PAYMENTS.

Paid



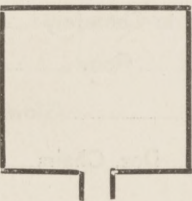
Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference

Number for the Current Year 37

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Maria Tote  
 Late Residence Omaha  
 Age 66 years 9 months 21 days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician Dr. Deit  
 Date of Death Sept 8 - 1909  
 Date of Burial 11 10  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| *Draperies                                | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. Casket.                               | Trimming.       | 25 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5 00     |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 | 10 00    |
| Prs. Gloves                               | Linen Scarfs.   | 1 50     |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| <u>Permit</u>                             |                 | 1 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 117 50   |
| Amount Brought Forward                    |                 | 30 20 85 |
| Amount Carried Forward                    |                 | 31 33 35 |

## PAYMENTS.

Paid

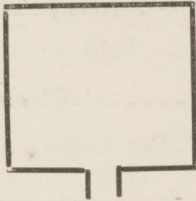


Number of Funeral 38  
 Number for the Current Year 38

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Maximus Amolden  
 Late Residence Green Ranch, Sumner, W.  
 Age 70 years 18 months 18 days.  
 Cause of Death Malignant  
 Certifying Physician Dr. Kain  
 Date of Death Sept 19-1909  
 Date of Burial 20 1909  
 Funeral at House or Catholic Church.  
 Place of Burial " Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

# MEMORANDUM.

Re J. B. Snell 100

# ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 |          |
| No. _____ Casket.                         | Trimming.       | 15 00    |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. | 2 50     |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 |          |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 |          |
| <u>Bernab</u>                             |                 | 1 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 5 00     |
| Amount of Bill                            |                 | 73 50    |
| Amount Brought Forward                    |                 | 313 35   |
| Amount Carried Forward                    |                 | 315 85   |

# PAYMENTS.

Paid.



Number of Funeral.....

Number for the Current Year 39

Be careful to enter name of deceased and number of page in index for future reference

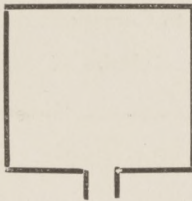
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Charles Alton TherkoffLate Residence DenverAge 15 years 27 months 27 days

Cause of Death.....

Certifying Physician HayesDate of Death Oct 13 1909Date of Burial Nov 1909Funeral at House or Parson Church.Place of Burial Mountain Cemetery.

Grave or Lot No. .... Section No. ....

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
designate this one with a double Cross +.  
Show position of monument by □. }

Inscription { .....

on Plate. { .....

Measurement. { Length to Heel ..... feet ..... in. }

{ Width at Shoulder .....

Bill Rendered to .....

When Rendered .....

## MEMORANDUM.

Pg Elder & B. 7.00  
R. Jordan 6.00

## ITEMS OF EXPENSE.

Door Crape.....

Draperies..... Candelabra and..... Candles.

Washing &amp; Laying out Remains, Shaving.....

Preservation of Remains..... 10 00No..... Casket..... Trimming..... 60 00

No..... Handles.....

No..... Plate engraved.....

Outside Box, (Pine, Chestnut, Oak, Cedar)..... 5 00

Pl't'..... H'dl's..... Corners on Box.

Delivering to Cemetery.....

No..... Robe..... 5 00Prs..... Gloves..... Linen Scarfs..... 1 50

Use of..... Doz. Chairs.....

Flowers.....

Hearse..... 10 00

Carriages to.....

opening grave..... 7 00

Advertising.....

Cemetery charges..... 6 00

Transportation Expenses, &amp;c.....

Attendance & Assistants..... 3 50Amount of Bill..... 108 00Amount Brought Forward..... 3133 35Amount Carried Forward..... 3241 35

## PAYMENTS.

By cash..... 43 001916.....met 21 - R. cash...... 5 00Paid in full..... 35 0083 00



Number of Funeral

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Late Residence

Age 88 years months days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel feet in. }

{ Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

Reed for Bonnell 100

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket.

Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't'

H'dl's

Corners on Box.

Delivering to Cemetery

No. Robe

Prs.

Gloves.

Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

ITEMS OF EXPENSE.



Number of Funeral .....  
Number for the Current Year .....

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Charles Leverone  
Late Residence Sanoma Valley,  
Age 56 years — months — days.  
Cause of Death Hemorrhage of Lungs  
Certifying Physician Carlson  
Date of Death Oct 25 1909  
Date of Burial " 27 1909  
Funeral at House or Carlson Church.  
Place of Burial Cactus Cemetery.  
Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
{ designate this one with a double Cross †. }  
{ Show position of monument by □. }

Inscription  
on Plate.

Measurement. { Length to Heel ..... feet ..... in. }  
 { Width at Shoulder ..... }

Bill Rendered to .....

When Rendered .....

MEMORANDUM.

Pl. Joe B. Small 100

ITEMS OF EXPENSE.

|   |                |                |
|---|----------------|----------------|
| Door Crape                                |                |                |
| Draperies                                 | Candelabra and | Candles        |
| Washing & Laying out Remains, Shaving     |                |                |
| Preservation of Remains                   |                |                |
| No.                                       | Casket         | Trimming       |
| No.                                       | Handles        |                |
| No.                                       | Plate engraved |                |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                |                |
| Pl't'                                     | H'dl's         | Corners on Box |
| Delivering to Cemetery                    |                |                |
| No.                                       | Robe           |                |
| Prs.                                      | Gloves         | Linen Scarfs   |
| Use of                                    | Doz.           | Chairs         |
| Flowers                                   |                |                |
| Hearse                                    |                |                |
| Carriages to                              |                |                |
| Index                                     |                |                |
| Report                                    |                |                |
| Phone                                     |                |                |
| Advertising                               |                |                |
| Cemetery charges                          |                |                |
| Transportation Expenses, &c.              |                |                |
| Attendance & Assistants                   |                |                |
| Amount of Bill                            |                |                |
| Amount Brought Forward                    |                |                |
| Amount Carried Forward                    |                |                |

## PAYMENTS.

Feed,



Number of Funeral

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Late Residence

Age 52 years months days

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Place of Burial

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }  
 { Show position of monument by □. }

Inscription

on Plate.

Measurement.

{ Length to Heel feet in. }  
 { Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

ITEMS OF EXPENSE.



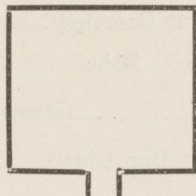
Number of Funeral

Number for the Current Year 43

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd J. M. Seuff  
 Late Residence Glen Eden  
 Age 52 years 6 months 23 days.  
 Cause of Death Malacia  
 Certifying Physician A. E. Graham  
 Date of Death Nov. 10 1909  
 Date of Burial Nov. 12 1909  
 Funeral at House or Parlor Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Rec'd J. B. Seuff  
A. E. Graham 100  
1000

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket: _____                   | Trimming.       | 60 00    |
| <u>Hagon front</u>                        |                 | 5 00     |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' _____ H'dl's _____                  | Corners on Box. | 5 00     |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 | 7 00     |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | 1 50     |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 |          |
| Carriages to                              |                 | 10 00    |
| <u>Shenandoah</u>                         |                 | 10 00    |
| <u>Perch</u>                              |                 | 1 00     |
| <u>More</u>                               |                 | 1 25     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 110 75   |
| Amount Brought Forward                    |                 | 3462 160 |
| Amount Carried Forward                    |                 | 3573 35  |

## PAYMENTS.

Rec'd



Number of Funeral

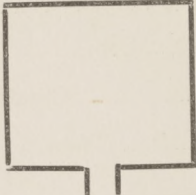
Number for the Current Year 43

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Dominic EquiLate Residence ChocomaeytoAge 26 years 2 months 4 days.Cause of Death Typhoid FeverCertifying Physician J. G. White M.D.Date of Death Nov. 10 1919Date of Burial 13 1919Funeral at House or Home Church.Place of Burial Loathlyre Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape.

Draperies. \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving.

Preservation of Remains.

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles.

No. \_\_\_\_\_ Plate engraved.

Outside Box, (Pine, Chestnut, Oak, Cedar)

\_\_\_\_\_ Pl't' \_\_\_\_\_ H'd'l's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery.

No. \_\_\_\_\_ Robe.

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs.

Flowers.

Hearse.

Carriages to \_\_\_\_\_

Advertising.

Cemetery charges.

Transportation Expenses, &amp;c.

Attendance &amp; Assistants.

Amount of Bill.

Amount Brought Forward.

Amount Carried Forward.

PAYMENTS.

Rec'd



Number of Funeral

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Late Residence

Age 51 years 7 months 26 days

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □ }

Inscription

on Plate.

Measurement.

Length to Heel feet in.

Width at Shoulder

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

Paid

15 00  
3697 85  
3712 85



Number of Funeral

Number for the Current Year

42

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Charles R. Heverin

Late Residence

Boysburg

Age 47 years 1 months days

Cause of Death

Disease of Liver

Certifying Physician

Baron J. B. Buel

Date of Death

Dec 9 - 1909

Date of Burial

Sept 14 07

Funeral at House or

Church.

Place of Burial

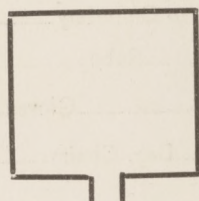
Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel feet in. }  
 { Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

Use of Recumbent Box

25.00

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

25.00  
 3712.85  
 3737.85

PAYMENTS.

Paid

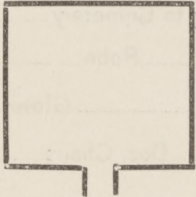


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 46

Be careful to enter name of de  
 ceased and number of page  
 in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mr. Rosie Marcucci  
 Late Residence Sheltonville  
 Age 48 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Pneumonia  
 Certifying Physician Dr. M. Thomson  
 Date of Death Dec 15 1909  
 Date of Burial 17 1909  
 Funeral at House or Church Church.  
 Place of Burial Calhoun Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

# MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10 00    |
| No. _____ Casket.                         | Trimming.       | 100 00   |
| <u>Wagon To Parle</u>                     |                 | ✓ 00     |
| No. _____ Handles                         |                 |          |
| No. _____ Plate engraved                  |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 6 00     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. _____ Robe                            |                 | 10 00    |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |          |
| Use of _____ Doz. Chairs                  |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10 00    |
| Carriages to                              |                 |          |
| <u>Wagon</u>                              |                 | 2 00     |
| <u>Permit</u>                             |                 | 1 00     |
| <u>Carriages</u>                          |                 | 2 00     |
| Advertising                               |                 |          |
| Cemetery charges                          |                 |          |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 | 0        |
| Amount of Bill                            |                 | 146 00   |
| Amount Brought Forward                    |                 | 373 75   |
| Amount Carried Forward                    |                 | 388 35   |

## PAYMENTS.

Paid



Number of Funeral

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 47

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Chas R Heverin  
Boys Shrimp

Late Residence

Age 47 years — months — days.

Cause of Death

Disease of Liver

Certifying Physician

Joe B Small  
Acting Coroner

Date of Death

Dec 19-1969

Date of Burial

Returned to D.F.

Funeral at House or

Ernst Hayden

Church.

Place of Burial

40 West St  
D.F.

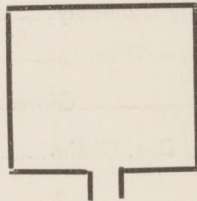
Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }



Inscription

on Plate.

Measurement.

{ Length to Heel — feet — in. }  
{ Width at Shoulder — }  
{ }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies — Candelabra and — Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. — Casket. — Trimming.No. — HandlesNo. — Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

— Pl't' — H'dl's — Corners on Box.

Delivering to Cemetery

No. — Robe— Prs. — Gloves — Linen Scarfs.Use of — Doz. Chairs

Flowers

Hearse

Carriages to

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

|      |    |
|------|----|
| 25   | 00 |
| 25   | 00 |
| 3883 | 85 |
| 3908 | 85 |

PAYMENTS.

Bill

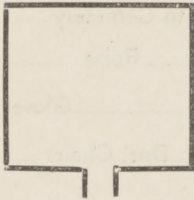


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 1

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd James Sudder  
 Late Residence Sumner  
 Age 70 years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death \_\_\_\_\_  
 Certifying Physician A. M. Thomson  
 Date of Death Jan 18 - 1910  
 Date of Burial Revered to D.F. Jan 19 -  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial \_\_\_\_\_ Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |               |
|---|-----------------|---------------|
| Door Crape                                |                 |               |
| Draperies                                 | Candelabra and  | Candles.      |
| Washing & Laying out Remains, Shaving     | <u>10</u>       | <u>—</u>      |
| Preservation of Remains                   |                 |               |
| No. _____ Casket.                         | Trimming.       | <u>125 00</u> |
| No. _____ Handles                         |                 |               |
| No. _____ Plate engraved                  |                 |               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) | <u>6</u>        | <u>00</u>     |
| Pl't' _____ H'dl's _____                  | Corners on Box. |               |
| Delivering to Cemetery <u>Sept</u>        |                 | <u>3 00</u>   |
| No. _____ Robe                            |                 | <u>10 00</u>  |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |               |
| Use of _____ Doz. Chairs                  |                 |               |
| Flowers                                   |                 |               |
| Hearse                                    |                 |               |
| Carriages to                              |                 |               |
| <u>Funeral permit</u>                     |                 | <u>1 00</u>   |
| Advertising                               |                 |               |
| Cemetery charges                          |                 |               |
| Transportation Expenses, &c.              |                 |               |
| Attendance & Assistants                   | <u>5</u>        | <u>00</u>     |
| Amount of Bill                            | <u>160</u>      | <u>00</u>     |
| Amount Brought Forward                    |                 |               |
| Amount Carried Forward                    |                 |               |

## PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 2

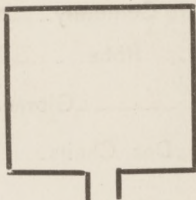
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs Emma BarnardLate Residence Douma.Age 80 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Old age.Certifying Physician Dr HayesDate of Death Feb 20 - 1910Date of Burial Moved to Winton Mass.  
April 6 - 1910

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Winton Mass. Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription  
on Plate.

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

Copper Shell

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

IntermentWagon to PaulaRemoval OutMinister

Advertising \_\_\_\_\_

Cemetery charges Deport

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_  
 Number for the Current Year 3

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Frank Dison

Late Residence Delmar

Age 7 years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician C. M. Thurman

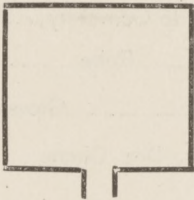
Date of Death Feb. 23 - 1910

Date of Burial Moved to D.F. Feb 25

Funeral at House or \_\_\_\_\_ Church.

Place of Burial \_\_\_\_\_ Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing & Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

Removal permit

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery Valt

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Wagon to Dept

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &c. \_\_\_\_\_

Attendance & Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

By cash

10 -



Number of Funeral

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year

4

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd *Mr. M. G. Turner*Late Residence *Sumner*Age *62* years *10* months *17* days.Cause of Death *Cancer*Certifying Physician *Dr. M. Thomson*Date of Death *March - 2 - 1910*Date of Burial *" 4 D.T.*Funeral at House or *Home* ChurchPlace of Burial *Holy Cross* Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription

on Plate.

Measurement. { Length to Heel feet in. }  
 { Width at Shoulder }

Bill Rendered to

When Rendered

MEMORANDUM.

ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

*2 Bx Candles**Removal Fund*

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery *train*

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

*3 Phone to D.T.**Call on D.T. Paphos.**Funeral Car. D.T.**Expense to D.T.*

Advertising

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

PAYMENTS.

*Mar. 4 -**Apr. 10**May 8**Sept. 5**35 00**60 00**25 00**40 00*



Number of Funeral

Number for the Current Year

5

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd *James Valentine Kennedy*Late Residence *Monoma*Age *13* years *1* months *3* daysCause of Death *suicide by gunshot*Certifying Physician *Dr. J. Blackman*Date of Death *March - 18 - 1910*Date of Burial *Moved to Oakland*

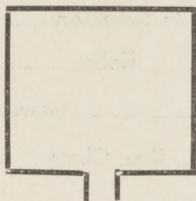
Funeral at House or Church

Place of Burial Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □. }



Inscription  
on Plate.

Measurement.

{ Length to Heel feet in. }  
{ Width at Shoulder }.

Bill Rendered to

When Rendered

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

Carriages to

*Funeral Permit*

Advertising

Cemetery charges

Transportation Expenses, &c. *to depot*

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

*Paid*

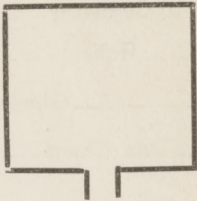


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 6

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Joseph Kartner  
 Late Residence Lincoln  
 Age \_\_\_\_\_ years \_\_\_\_\_ months 4 days.  
 Cause of Death Premature Birth  
 Certifying Physician Dr. F. Dief  
 Date of Death Mch 24 - 1910  
 Date of Burial 25 1910  
 Funeral at House or Parlor Church.  
 Place of Burial W. antan Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

# MEMORANDUM.

M. P. Basigla 5.00  
Ryan 3.00

# ITEMS OF EXPENSE.

|   |                 |               |
|---|-----------------|---------------|
| Door Crape                                |                 |               |
| Draperies                                 | Candelabra and  | Candles.      |
| Washing & Laying out Remains, Shaving     |                 |               |
| Preservation of Remains                   |                 |               |
| No. _____ Casket.                         | Trimming.       | <u>15.00</u>  |
| No. _____ Handles                         |                 |               |
| No. _____ Plate engraved                  |                 |               |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>2.50</u>   |
| Pl't' _____ H'dl's _____                  | Corners on Box. |               |
| Delivering to Cemetery                    |                 |               |
| No. _____ Robe                            |                 |               |
| Prs. _____ Gloves _____                   | Linen Scarfs.   |               |
| Use of _____ Doz. Chairs                  |                 |               |
| Flowers                                   |                 |               |
| Hearse                                    |                 |               |
| Carriages to                              |                 | <u>3.00</u>   |
| Advertising                               |                 |               |
| Cemetery charges                          |                 | <u>6.00</u>   |
| Transportation Expenses, &c.              |                 |               |
| Attendance & Assistants                   |                 | <u>2.50</u>   |
| Amount of Bill                            |                 | <u>29.00</u>  |
| Amount Brought Forward                    |                 | <u>719.50</u> |
| Amount Carried Forward                    |                 | <u>748.50</u> |

# PAYMENTS.

Recd

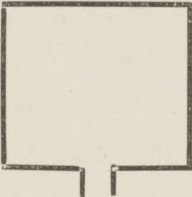


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 7

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Charles Whiting  
 Late Residence Sumner  
 Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.  
 Cause of Death Chronic Nephritis  
 Certifying Physician G M. Thomas  
 Date of Death Mar 29 - 1910  
 Date of Burial Apr 1 - 1910  
 Funeral at House or Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

### MEMORANDUM.

H. P. Baughen 10.00  
J. Ryan 8.00  
G. L. Baughen 3.00  
Jac. Baughen 1.00

### ITEMS OF EXPENSE.

|  |                 |          |
|--|-----------------|----------|
| Door Crape                                       |                 |          |
| Draperies  | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving            |                 |          |
| Preservation of Remains                          |                 | 25 00    |
| No. _____ Casket.                                | Trimming.       | 75 00    |
| No. _____ Handles                                |                 |          |
| No. _____ Plate engraved                         |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar)        |                 | 6 00     |
| Pl't' _____ H'dl's _____                         | Corners on Box. |          |
| Delivering to Cemetery                           |                 |          |
| No. _____ Robe                                   |                 | 7 50     |
| Prs. _____ Gloves _____                          | Linen Scarfs.   | 1 50     |
| Use of _____ Doz. Chairs                         |                 |          |
| Flowers  |                 |          |
| Hearse   |                 | 10 00    |
| <input checked="" type="checkbox"/> Carriages to |                 | 8 00     |
| <u>Burial Plot</u>                               |                 | 4 00     |
| <u>Phone</u>                                     |                 | 60       |
| Advertising                                      |                 | 10 00    |
| Cemetery charges                                 |                 | 2 50     |
| Transportation Expenses, &c.                     |                 |          |
| Attendance & Assistants                          |                 |          |
| Amount of Bill                                   |                 | 150 10   |
| Amount Brought Forward                           |                 | 748 50   |
| Amount Carried Forward                           |                 | 898 60   |

### PAYMENTS.

Paid

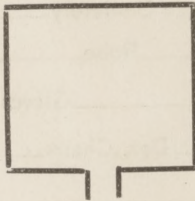


Number of Funeral 8  
 Number for the Current Year 8

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd John X McNeil  
 Late Residence Ponoma Valley  
 Age 48 years — months — days.  
 Cause of Death Apoplexy Heart Failure  
 Certifying Physician Common  
 Date of Death April 1 - 1910  
 Date of Burial 3  
 Funeral at House or Home Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. 60th Plot Section No. —

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel — feet — in. }  
 { Width at Shoulder — }  
 Bill Rendered to —

When Rendered —

### MEMORANDUM.

Joe B Small 100  
Gollerburg 300  
B. B. B. B. B. 10,000  
Grand 250

### ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 15 00    |
| No. Casket.                               | Trimming.       | 75 00    |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 | 6 00     |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 |          |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 | 7 50     |
| Prs. Gloves                               | Linen Scarfs.   | 1 50     |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 | 10 00    |
| Hearse                                    |                 |          |
| Carriages to                              |                 | 10 00    |
| <u>opening grave.</u>                     |                 |          |
| <u>2 Phones</u>                           |                 | 1 00     |
| <u>cut by Paper</u>                       |                 | 1 50     |
| Advertising                               |                 | 2 50     |
| Cemetery charges                          |                 | 4 00     |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 134 00   |
| Amount Brought Forward                    |                 | 898 60   |
| Amount Carried Forward                    |                 | 1032 60  |

### PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year 9

Be careful to enter name of deceased and number or page in index for future reference

Items of Bill, (cross out printed items not furnished.)


Name of Dec'd Thomas M. LucideLate Residence Auto RoadAge 21 years \_\_\_\_\_ months \_\_\_\_\_ days.Cause of Death Concussion of brainCertifying Physician CoronerDate of Death Apr 3 1910

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Valley Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }Bill Rendered to County

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Lucide

|      |    |
|------|----|
| 15   | 00 |
| 1032 | 60 |
| 1047 | 60 |



Number of Funeral \_\_\_\_\_

Number for the Current Year 10

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd

Richard Tierney

Late Residence \_\_\_\_\_

Age 39 years 11 months 28 days.

Cause of Death

Fatty infiltration of Heart

Certifying Physician

Dr. B. Hays

Date of Death

Apr 6 1910

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_

Church.

Place of Burial

Cureka

Cemetery.

Grave or Lot No. \_\_\_\_\_

Section No. \_\_\_\_\_

Location of Grave



{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }



Inscription {

on Plate. {

Measurement. {

{ Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

Kate Halloran

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_

Candelabra and \_\_\_\_\_

Candles. \_\_\_\_\_

Washing &amp; Laying out Remains, Shaving. }

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_

Trimming. \_\_\_\_\_

No. \_\_\_\_\_

Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_

H'dl's \_\_\_\_\_

Corners on Box. \_\_\_\_\_

Delivering to Cemetery

Train

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_

Gloves \_\_\_\_\_

Linen Scarfs. \_\_\_\_\_

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Removal Permit

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid in full.

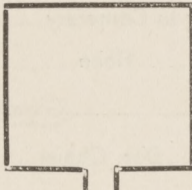


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 11

Be careful to enter name of deceased and number or page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Vicery Chase  
 Late Residence Donora  
 Age 28 years - months 8 days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician H. B. Hays  
 Date of Death Apr. 12, 1910  
 Date of Burial " 12 1910  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. }  
 Show position of monument by □.

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to Mrs. Mary Chase

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

|   |                 |             |
|---|-----------------|-------------|
| Door Crape                                |                 |             |
| Draperies                                 | Candelabra and  | Candles.    |
| Washing & Laying out Remains, Shaving     |                 |             |
| Preservation of Remains                   |                 | <u>15</u>   |
| No. <u>77</u> Casket.                     | Trimming.       | <u>60</u>   |
| No. _____ Handles                         |                 |             |
| No. _____ Plate engraved                  |                 |             |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>6</u>    |
| Pl't' _____ H'dl's _____                  | Corners on Box. |             |
| Delivering to Cemetery                    |                 |             |
| No. _____ Robe                            |                 |             |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | <u>1 50</u> |
| Use of _____ Doz. Chairs                  |                 |             |
| Flowers                                   |                 | <u>10</u>   |
| Hearse                                    |                 |             |
| Carriages to                              |                 |             |
| Advertising                               |                 |             |
| Cemetery charges                          |                 |             |
| Transportation Expenses, &c.              |                 |             |
| Attendance & Assistants                   |                 |             |
| Amount of Bill                            | <u>92</u>       | <u>50</u>   |
| Amount Brought Forward                    | <u>1103</u>     | <u>60</u>   |
| Amount Carried Forward                    | <u>1196</u>     | <u>10</u>   |

## PAYMENTS.

|         |              |
|---------|--------------|
| Cash    | <u>80</u>    |
| Balance | <u>12 50</u> |




Number of Funeral \_\_\_\_\_

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 12

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Geraldine C. Thompson Door Crape \_\_\_\_\_  
 Late Residence Bro a dway Sonoma Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Age 63 years 5 months 17 days. Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Cause of Death Acute Hepatitis complicated Preservation of Remains \_\_\_\_\_  
with Parotitis No. 180 Casket. \_\_\_\_\_ Trimming. 15  
 Certifying Physician Dr. Frederick Leix \_\_\_\_\_  
 Date of Death April 20 1910 \_\_\_\_\_  
 Date of Burial " 22 " \_\_\_\_\_  
 Funeral at House or House Church. \_\_\_\_\_  
 Place of Burial Mountain Cemetery. \_\_\_\_\_  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Ed. Joe Ryan \$ 16.00  
R. Bangale 10.00  
H. Gotterberg 3.00  
J. B. Small 1.00

## ITEMS OF EXPENSE.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) 6  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box. \_\_\_\_\_  
 Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs. 1 50  
 Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Hearse \_\_\_\_\_  
4 Carriages to \_\_\_\_\_  
Opening grave 10  
 Advertising \_\_\_\_\_  
 Cemetery charges 4  
 Transportation Expenses, &c. \_\_\_\_\_  
 Attendance & Assistants \_\_\_\_\_  
 Amount of Bill 162 50  
 Amount Brought Forward 1196 10  
 Amount Carried Forward 1358 60

## PAYMENTS.

Paid in full



Number of Funeral \_\_\_\_\_

Number for the Current Year 13

Be careful to enter name of deceased and number or page in index for future reference

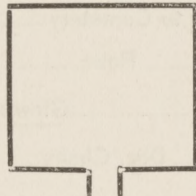
Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Albert WeissmanLate Residence Agua CalienteAge 38 years 9 months \_\_\_\_\_ days.Cause of Death Heart Disease & AlcoholismCertifying Physician CoronDate of Death April 25, 1910Date of Burial Shipped to S.F. for cremation

Funeral at House or \_\_\_\_\_ Church.

Place of Burial S. F. Cemetery

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +. }  
 Show position of monument by ☐.

Inscription {

on Plate. {

Measurement. {

Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }

Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. 197 Casket. \_\_\_\_\_ Trimming. \_\_\_\_\_

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery Train \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid in full.



Number of Funeral

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 14

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Robt Neale

Late Residence

Age 80 years 1 months 15 days.Cause of Death Inflammation of Bladder +

General Debility

Certifying Physician CoronerDate of Death Apr. 25, 1910

Date of Burial

Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and  
designate this one with a double Cross †.  
Show position of monument by □. }

Inscription

on Plate.

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
{ Width at Shoulder \_\_\_\_\_ }

Bill Rendered to

When Rendered

## MEMORANDUM.

Ed. Cherman 2.50J. Ryan 12.00P. Blasaglia 10.00

## ITEMS OF EXPENSE.

Door Crape

Draperies Candelabra and Candles.

Washing &amp; Laying out Remains, Shaving

Preservation of Remains

No. Casket. Trimming.

No. Handles

No. Plate engraved

Outside Box, (Pine, Chestnut, Oak, Cedar)

Pl't' H'dl's Corners on Box.

Delivering to Cemetery

No. Robe

Prs. Gloves Linen Scarfs.

Use of Doz. Chairs

Flowers

Hearse

3 Carriages toOpening gravePhone to PitalumaAdvertising Notices

Cemetery charges

Transportation Expenses, &amp;c.

Attendance &amp; Assistants

Amount of Bill

Amount Brought Forward

Amount Carried Forward

## PAYMENTS.

Paid

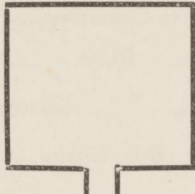


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 15

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Ellen Cassebohm  
 Late Residence Broadway Sonoma  
 Age 68 years 5 months \_\_\_\_\_ days.  
 Cause of Death Cancer  
 Certifying Physician Dr. Frederick Leis  
 Date of Death May 2 1910  
 Date of Burial " 3 1910  
 Funeral at House or House Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross +.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

### MEMORANDUM.

Pd. J. B. Small 1.00  
" H. Gottenberg 3.00  
" P. Basaglia 10.00

### ITEMS OF EXPENSE.

|   |                 |                |
|---|-----------------|----------------|
| Door Crape                                |                 |                |
| Draperies                                 | Candelabra and  | Candles.       |
| Washing & Laying out Remains, Shaving     |                 |                |
| Preservation of Remains                   |                 | <u>15</u>      |
| No. _____ Casket.                         | Trimming.       | <u>125</u>     |
| No. _____ Handles                         |                 |                |
| No. _____ Plate engraved                  |                 |                |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | <u>6</u>       |
| Pl't' _____ H'dl's _____                  | Corners on Box. |                |
| Delivering to Cemetery                    |                 |                |
| No. _____ Robe                            |                 |                |
| Prs. _____ Gloves _____                   | Linen Scarfs.   | <u>150</u>     |
| Use of _____ Doz. Chairs                  |                 |                |
| Flowers                                   |                 |                |
| Hearse                                    |                 | <u>10</u>      |
| Carriages to                              |                 |                |
| <u>Opening grave</u>                      |                 | <u>10</u>      |
| Advertising                               |                 |                |
| Cemetery charges                          |                 | <u>4</u>       |
| Transportation Expenses, &c.              |                 |                |
| Attendance & Assistants                   |                 |                |
| Amount of Bill                            |                 | <u>171 50</u>  |
| Amount Brought Forward                    |                 | <u>1633 15</u> |
| Amount Carried Forward                    |                 | <u>1804 65</u> |

### PAYMENTS.

Paid



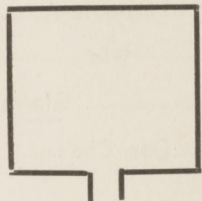
Number of Funeral \_\_\_\_\_

Number for the Current Year 16

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mrs. Ida Polloni  
 Late Residence Agua Caliente  
 Age 42 years 2 months 12 days.  
 Cause of Death Electric Shock  
 Certifying Physician Coroner  
 Date of Death May 16 1910  
 Date of Burial May 18 1910  
 Funeral at House or House Church.  
 Place of Burial Catholic Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross †.  
 Show position of monument by □. }

Inscription {  
 on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

## MEMORANDUM.

Pd. Haraszy 10.00  
" Joe Ryan 5.00  
" Rev. Cornford 5.00

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_  
 Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.  
 Washing & Laying out Remains, Shaving \_\_\_\_\_  
 Preservation of Remains \_\_\_\_\_  
 No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_  
 No. \_\_\_\_\_ Plate engraved \_\_\_\_\_  
 Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_  
 Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_  
 No. \_\_\_\_\_ Robe \_\_\_\_\_  
 Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_  
Opening grave

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid





Number of Funeral \_\_\_\_\_  
 Number for the Current Year 17

Be careful to enter name of de-  
 ceased and number of page  
 in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Mary Beltrami  
 Late Residence \_\_\_\_\_  
 Age 4 years 6 months \_\_\_\_\_ days.  
 Cause of Death Pulmonary Tuberculosis  
 Certifying Physician Dr. Frederick Leis  
 Date of Death May 17 1910  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and  
 designate this one with a double Cross +.  
 Show position of monument by  }

Inscription { \_\_\_\_\_  
 on Plate. { \_\_\_\_\_

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in.  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

### MEMORANDUM.

Dr. Joe Ryan 4.00  
" P. Bakaglia 5.00

### ITEMS OF EXPENSE.

|   |                 |          |
|---|-----------------|----------|
| Door Crape                                |                 |          |
| Draperies                                 | Candelabra and  | Candles. |
| Washing & Laying out Remains, Shaving     |                 |          |
| Preservation of Remains                   |                 | 10       |
| No. Casket.                               | Trimming.       | 40       |
| No. Handles                               |                 |          |
| No. Plate engraved                        |                 |          |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                 | 5        |
| Pl't' H'dl's                              | Corners on Box. |          |
| Delivering to Cemetery                    |                 |          |
| No. Robe                                  |                 |          |
| Prs. Gloves                               | Linen Scarfs.   |          |
| Use of Doz. Chairs                        |                 |          |
| Flowers                                   |                 |          |
| Hearse                                    |                 | 10       |
| Carriages to                              |                 | 4        |
| <u>opening grave</u>                      |                 | 5        |
| Advertising                               |                 |          |
| Cemetery charges                          |                 | 6        |
| Transportation Expenses, &c.              |                 |          |
| Attendance & Assistants                   |                 |          |
| Amount of Bill                            |                 | 80       |
| Amount Brought Forward                    |                 | 1945 65  |
| Amount Carried Forward                    |                 | 2025 65  |

### PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year 18

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Alex Campbell

Late Residence \_\_\_\_\_

Age 40 years \_\_\_\_\_ months \_\_\_\_\_ days.

Cause of Death \_\_\_\_\_

Certifying Physician \_\_\_\_\_

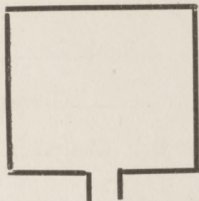
Date of Death \_\_\_\_\_

Date of Burial \_\_\_\_\_

Funeral at House of \_\_\_\_\_ Church.

Place of Burial Shipped to Valerini Cemetery.

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and }  
 { designate this one with a double Cross †. }  
 { Show position of monument by □. }

Inscription {

on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery \_\_\_\_\_

No. \_\_\_\_\_ Robe \_\_\_\_\_

\_\_\_\_\_ Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to \_\_\_\_\_

Removal Permit

Advertising \_\_\_\_\_

Cemetery charges \_\_\_\_\_

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

## PAYMENTS.

Paid

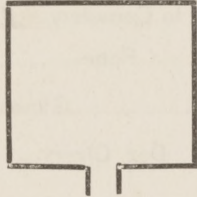


Number of Funeral \_\_\_\_\_  
 Number for the Current Year 19

Be careful to enter name of deceased and number of page in index for future reference

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Alma Cochran  
 Late Residence \_\_\_\_\_  
 Age 49 years 9 months 18 days.  
 Cause of Death Tuberculosis  
 Certifying Physician \_\_\_\_\_  
 Date of Death May 27 1910  
 Date of Burial \_\_\_\_\_  
 Funeral at House or \_\_\_\_\_ Church.  
 Place of Burial Mountain Cemetery.  
 Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | for Graves in the Plot, and designate this one with a double Cross †. }  
 Show position of monument by □.

Inscription {  
 on Plate. }

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
 { Width at Shoulder \_\_\_\_\_ }  
 Bill Rendered to \_\_\_\_\_  
 When Rendered \_\_\_\_\_

#### MEMORANDUM.

Pd. A. Gracie 2.50  
Aug 15 " P. B. Baglin 10.00  
" H. Gottenberg 6.00

#### ITEMS OF EXPENSE.

|   |                |                 |
|---|----------------|-----------------|
| Door Crape                                |                |                 |
| Draperies                                 | Candelabra and | Candles.        |
| Washing & Laying out Remains, Shaving     |                |                 |
| Preservation of Remains                   |                | 15              |
| No. Casket.                               | Trimming.      | 75              |
| No. Handles                               |                |                 |
| No. Plate engraved                        |                |                 |
| Outside Box, (Pine, Chestnut, Oak, Cedar) |                | 6               |
| Pl't                                      | H'dl's         | Corners on Box. |
| Delivering to Cemetery                    |                |                 |
| No. Robe                                  |                |                 |
| Prs.                                      | Gloves         | Linen Scarfs.   |
| Use of                                    | Doz. Chairs    |                 |
| Flowers                                   |                |                 |
| Hearse                                    |                | 10              |
| 1 Carriages to                            |                | 4               |
| <u>Opening grave</u>                      |                | 10              |
| <u>in house</u>                           |                | 2 50            |
| Advertising                               | <u>Notices</u> | 2 50            |
| Cemetery charges                          |                | 6               |
| Transportation Expenses, &c.              |                |                 |
| Attendance & Assistants                   |                | 2 50            |
| Amount of Bill                            |                | 133 50          |
| Amount Brought Forward                    |                | 2051 65         |
| Amount Carried Forward                    |                | 2185 15         |

#### PAYMENTS.

Paid



Number of Funeral \_\_\_\_\_

Number for the Current Year 20

Be careful to enter name of deceased and number of page in index for future reference.

Items of Bill, (cross out printed items not furnished.)

Name of Dec'd Maria Charlotte HolmLate Residence SwedenAge 35 years 10 months 7 days.Cause of Death Pulmonary Tuberculosis

Certifying Physician \_\_\_\_\_

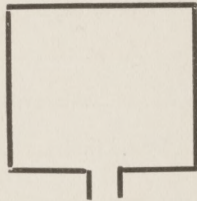
Date of Death June 11 1910

Date of Burial \_\_\_\_\_

Funeral at House or \_\_\_\_\_ Church.

Place of Burial Evergreen Oakland Cemetery

Grave or Lot No. \_\_\_\_\_ Section No. \_\_\_\_\_

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □. }

Inscription {  
on Plate. {

Measurement. { Length to Heel \_\_\_\_\_ feet \_\_\_\_\_ in. }  
Width at Shoulder \_\_\_\_\_

Bill Rendered to \_\_\_\_\_

When Rendered \_\_\_\_\_

## MEMORANDUM.

Dr P. Basaglia 4.00

## ITEMS OF EXPENSE.

Door Crape \_\_\_\_\_

Draperies \_\_\_\_\_ Candelabra and \_\_\_\_\_ Candles.

Washing &amp; Laying out Remains, Shaving \_\_\_\_\_

Preservation of Remains \_\_\_\_\_

No. \_\_\_\_\_ Casket. \_\_\_\_\_ Trimming.

No. \_\_\_\_\_ Handles \_\_\_\_\_

No. \_\_\_\_\_ Plate engraved \_\_\_\_\_

Outside Box, (Pine, Chestnut, Oak, Cedar) \_\_\_\_\_

Pl't' \_\_\_\_\_ H'dl's \_\_\_\_\_ Corners on Box.

Delivering to Cemetery Train

No. \_\_\_\_\_ Robe \_\_\_\_\_

Prs. \_\_\_\_\_ Gloves \_\_\_\_\_ Linen Scarfs.

Use of \_\_\_\_\_ Doz. Chairs \_\_\_\_\_

Flowers \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to Opening grave

Advertising \_\_\_\_\_

Cemetery charges Permit

Transportation Expenses, &amp;c. \_\_\_\_\_

Attendance &amp; Assistants \_\_\_\_\_

Amount of Bill \_\_\_\_\_

Amount Brought Forward \_\_\_\_\_

Amount Carried Forward \_\_\_\_\_

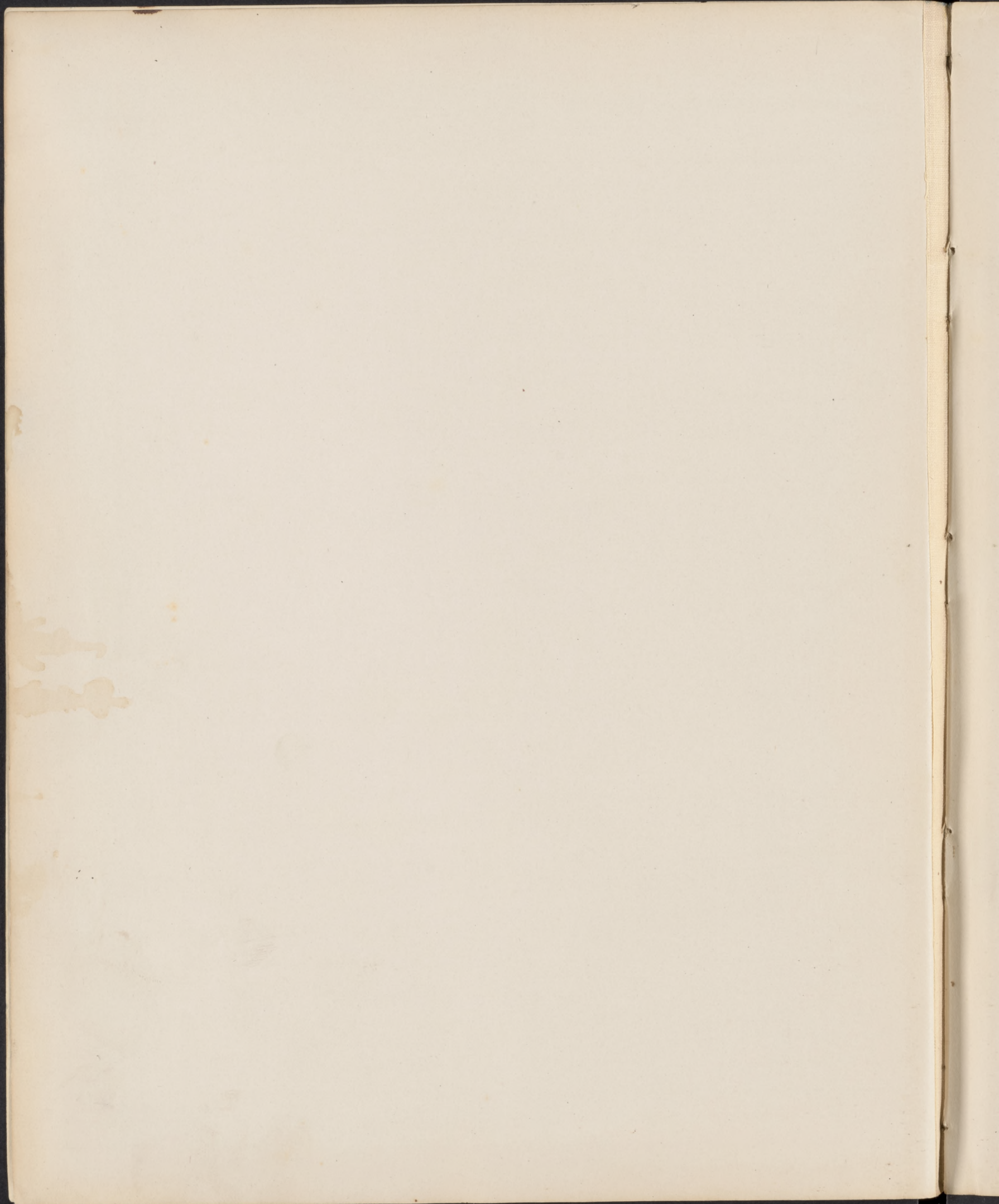
## PAYMENTS.

Paid

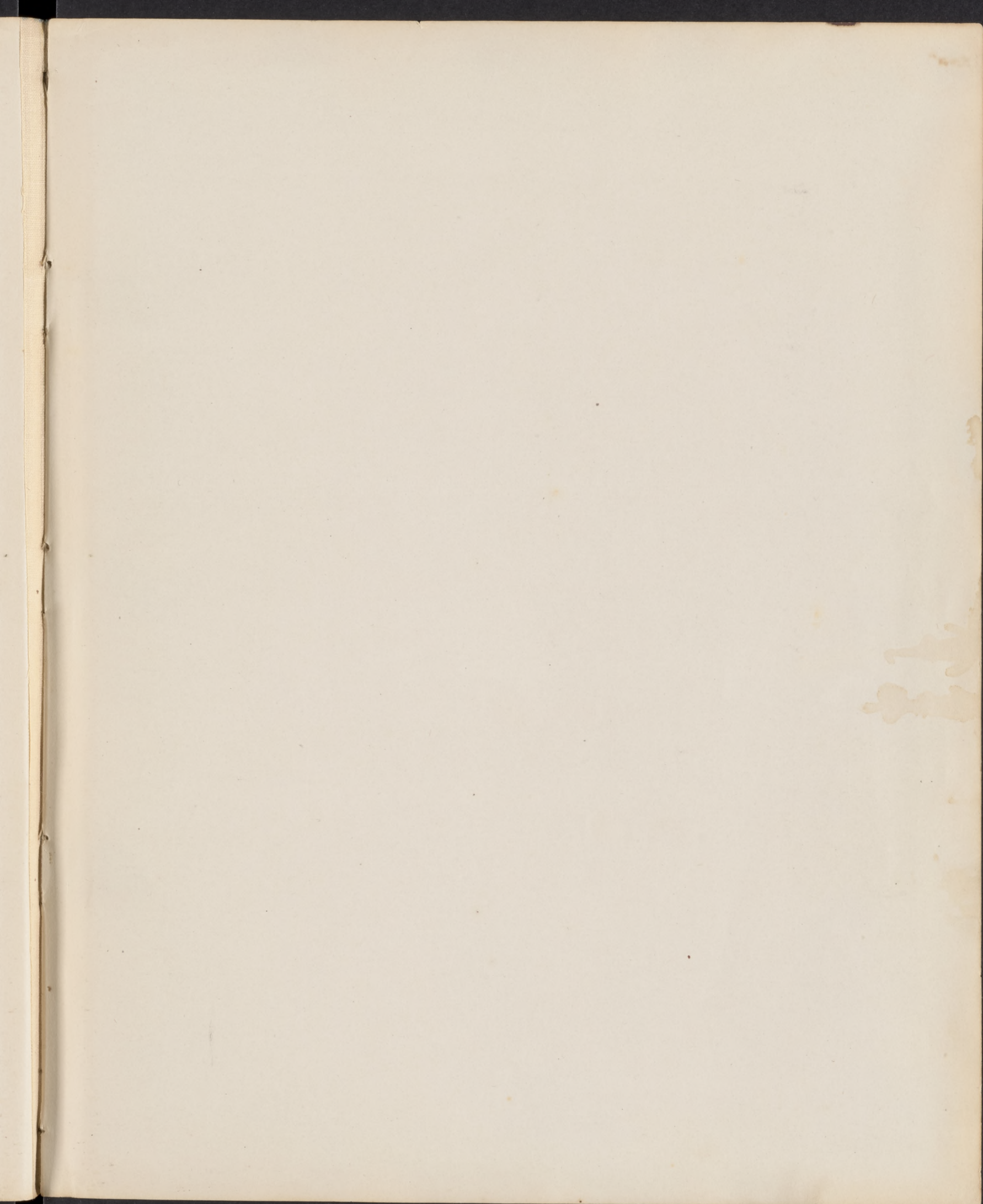




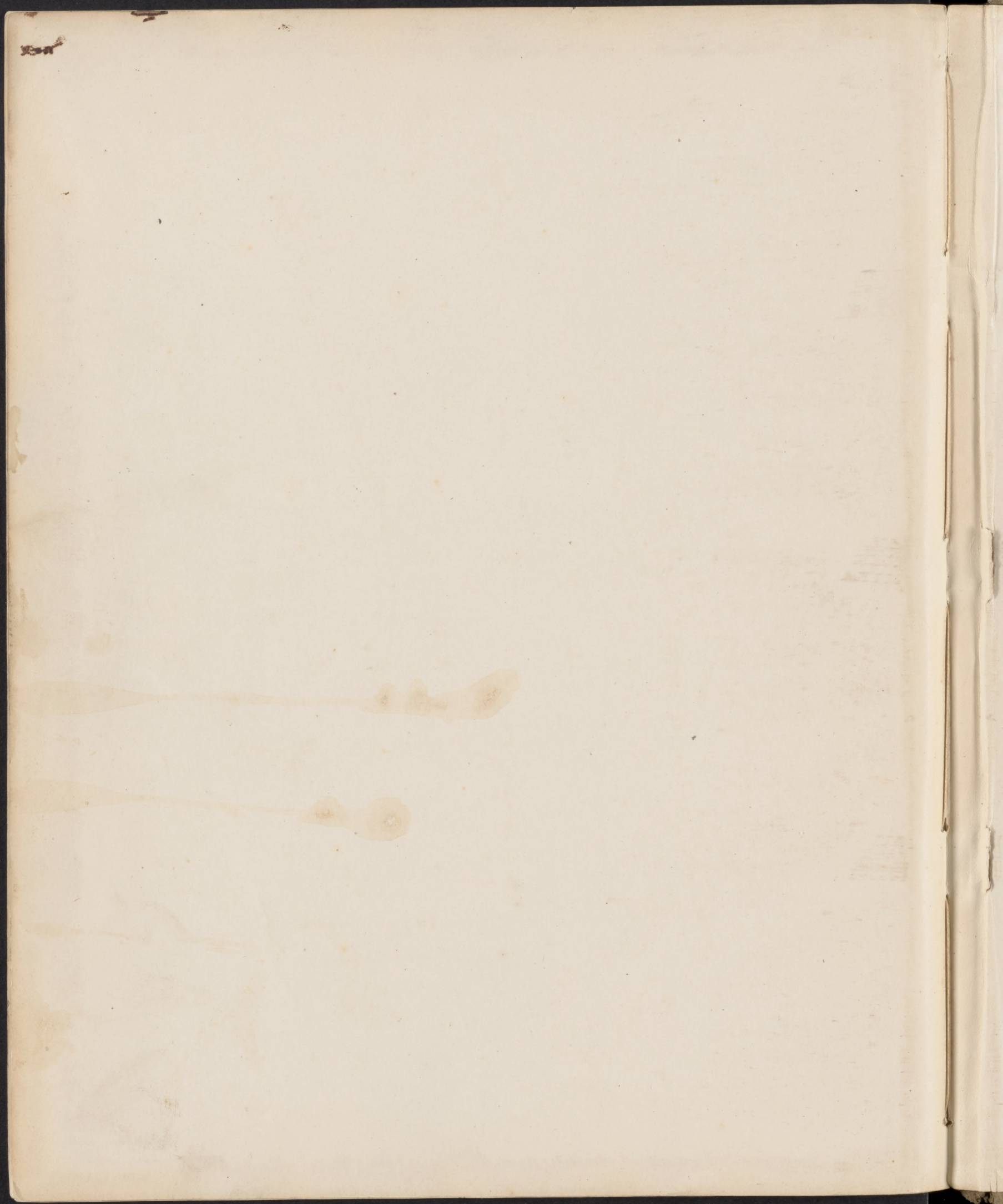














2020.4.2



